CIVITAS OXONIENSIS

FORTIS EST VERITAS

CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1967

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Mr. Chairman, Ladies and Gentlemen,

This is my twentieth Annual Report and is compiled in accordance with Ministry of Health Circular 1/68.

The vital statistics show that there has been a reduction in the birth rate for the fourth successive year. The infant mortality rate was the second lowest recorded and there was a relatively low death rate. There were fewer deaths from disease of the heart and circulatory system, from respiratory illness, and also from violence. There was however a substantial rise in cancer deaths which reached the highest number yet recorded. This increase included deaths from cancer of the stomach, lung, breast, and uterus. For the first time ever there was no death directly due to tuberculosis.

A morbidity report, prepared by Dr. Acheson and based on Oxford residents receiving in-patient hospital care in the area of the Oxford Record Linkage Study in the years 1962-66, is included. The five most frequent causes of hospital admission in 1966 (in rank order) were as follows, accidents and violence; respiratory disease (including cases admitted for tonsillectomy); digestive disease; neoplasms (benign and malignant); and diseases of the nervous system and sense organs. Approximately one infant out of ten and one aged person out of four living in the City had a period in hospital in 1966.

The local interest in Health Centres continues to increase. With the opening of the East Oxford and Summertown Centres in August, Oxford became the first county borough to have three health centres functioning. Out of 59 general practitioners in the City 30 are now working at health centres or at other local authority premises, either wholly or partially. The interest and active support of the Local Medical Committee and the Executive Council has been much appreciated. The continuing success of the G.P./nursing staff attachment scheme, together with the provision of health centres, is helping materially towards the integration of the general practitioner and local authority health services in Oxford.

With the completion of the recent alterations, Oxford now has one of the most up-to-date Ambulance Stations in the country. The number of patients carried and also the total mileage again increased, largely as a result of the developing day hospitals.

The G.P./nursing staff attachment scheme has continued to attract a steady flow of visitors from this country and abroad. Miss K. J. Hayes, the first health visitor to be so attached in a full-time capacity in Oxford 12 years ago, has been awarded a Heinz Scholarship, which will enable her to travel in Scandinavia and then to attend an administrative course at the Royal College of Nursing; after which she will take up a new appoint-

ment, namely that of Deputy Nursing Officer to Cumberland County Council. Detailed records kept by the attached health visitors show that slowly but surely their work is being distributed more widely over the whole range of family life. A review of health visitor records of children under the age of five, showed that one in eight leave the City within a year of their birth, and that many more transfer from one doctor to another in Oxford. If medical and health visiting records are worth keeping for the bearing they may have on a child's future progress, then this small investigation reveals a considerable problem; of trying to ensure that these records accompany the families' migrations.

The headquarters of the District Nursing and Domiciliary Midwifery Services moved to the East Oxford Health Centre in August. A full staff of district nurses has been maintained; their work load remaining about the same as last year, although rather more patients were treated at health centres or surgery premises, and fewer at home. There is a welcome steady increase in the direct referral of patients from hospitals to the district nursing service, but these numbers are still very small, being no more than two or three patients a week.

The Home Help Service has had the advantage of a more stable staff which is of particular value to elderly people who do not like changes. There has been an increase in the number of patients helped and more of these are receiving continuous assistance throughout the year.

The number of women requesting cervical cytology has dropped, indicating that the initial wave of enthusiasm has now passed. Since the scheme commenced in March 1965, 6,610 patients have been examined under the local authority scheme, and as a result, 30 confirmed cases of carcinoma in situ have been found, an incidence of 4.53 per 1,000. The larger firms who employ women are being approached systematically and sessions are being held at the place of work wherever suitable facilities will allow this. Steps are also being taken to encourage a higher proportion of women over 35, and particularly those who have had several children, to have this test.

The Health Education Section has continued to concentrate on the schools and on "in service training". A Dental Health Campaign was held in co-operation with Oxfordshire County. Oxford was one of six areas to take part in a national survey concerned with accident prevention in children under five years of age.

An extension to St. Luke's Nursing Home made it possible to increase the number of beds from 33 to 47.

By August, the Domiciliary Occupational Therapy Service had regained its full staff complement and by the end of the year the waiting list had been overtaken. The demand for chiropody continues to increase and at the time of writing this report a full-time chiropodist has at last been appointed. The Domiciliary Physiotherapy Service, run by the Aid-in-Sickness Charities, continued to provide particularly valuable help for the early treatment of such acute conditions as fibrositis, strokes and acute chest infections, in addition to the more usual chronic conditions.

It was a remarkably quiet year for the infectious diseases. 180 cases of whooping cough were notified, which is the highest number since 1957. This however, is likely to be an inflated figure because Oxford is taking part in a national investigation into the efficiency of whooping cough vaccines, and for this purpose all doctors have been asked to notify cases on suspicion.

It was an epidemic year for measles but, as a result of previous vaccination there were even fewer cases in Oxford than in a non-epidemic year. This result was in sharp contrast to the typical measles epidemic experienced in all the other local health authorities in the Oxford Region and in which measles vaccination had not yet been undertaken.

One case of poliomyelitis occurred in a man aged 23, who had not been vaccinated against this disease; he suffered moderately severe paralysis. There were no secondary cases.

Infective hepatitis and glandular fever became notifiable in Oxford as from the beginning of the year. The importance of the notification of infective hepatitis has been enhanced by the risk of this disease in connection with renal dialysis. Practically all the 85 notified cases of glandular fever occurred in young adults, and undergraduates accounted for about half of these.

A small rise in tuberculosis notifications coincided with the triennial visit of the Mass Miniature Radiography Unit. Although mortality has virtually disappeared there are still too many cases of this potentially serious disease and there must be no relaxation in our efforts towards prevention and early ascertainment.

There was a slight decrease in the total attendances at the Venereal Diseases Clinic. Dr. Josephine Walley, who for many years looked after the female clinic, died in May. She always approached this difficult work with great understanding and sympathy and she will be greatly missed. Drs. Stephanie James and Jane Jackson have succeeded Dr. Walley.

A perusal of health visitors' records of all children born in 1965 and who were still "on their books" at the end of 1967, showed that 62% had been vaccinated against smallpox, 92% protected against poliomyelitis, 60% vaccinated against measles, and 92% had received triple vaccine against diphtheria, tetanus and whooping cough. A scheme was inaugurated for informing general practitioners of all vaccination and immunisation procedures carried out at child health clinics. In June the health department took over the distribution of smallpox vaccination lymph from the Public Health Laboratory Service. Oxford has continued to act as a batch testing centre for the potency of vaccine lymph on behalf of the Lister Institute.

The General Practitioner Maternity Unit was underbooked for the first half of the year, due to the unexpected earlier discharge of many patients. The work of the domiciliary midwives was divided fairly equally between deliveries at the Unit and in the patients' homes.

An increasing appreciation of the importance of thorough antenatal care is shown by the fact that 491 (93%) out of 527 mothers booked for their confinement before the 24th week of pregnancy. General practitioners are now holding 19 regular weekly antenatal sessions at which an attached midwife or her pupil is in attendance. There was no maternal or perinatal death amongst 279 domiciliary deliveries. The patient's doctor was present at 30% of home confinements and 63% of deliveries in the G.P. Maternity Unit. There have been rather fewer "early discharges" indicative of a decrease in pressure on hospital beds, no doubt associated with the falling birth rate and with the opening of the G.P. Unit. An agreed scheme for a routine assessment by the midwife of each home, in order to ascertain its suitability for either home confinement or for early discharge, came into effect in November.

Under an agreed family planning scheme, the Oxford Branch of the Family Planning Association will undertake the responsibility for organising all clinics, the majority of which will be held at local authority premises. The domiciliary service will, however, continue to be provided directly by the Health Department. The value of the domiciliary family planning service, which commenced in September, 1965, has already been clearly demonstrated by the fact that, so far, only four pregnancies have occurred in the 99 cases helped; the four failures all resulted from very human situations; for instance, one woman with five children ceased to take the pill because of adverse press comment, whilst another patient with six children stopped taking the pill because she ran into debt and dare not tell her husband (she had twins).

A perusal of the Sheldon Report, published towards the end of the year, showed that our child health clinic services were on the right lines. Routine tuberculin testing, as part of each birthday examination, ceased at the end of October, as it was no longer considered to be a worthwhile examination. There was an increase in the uptake of welfare foods, more of these being distributed via the clinics and rather less from the central depot at the Health Department.

There was a further increase in the number of registered private nurseries; there are now 19, which cater for a total of 509 children. The pre-school play groups at the East Oxford Health Centre and Slade Park Clinic run under the auspices of the "Save the Children Fund" continue to flourish and to provide a worthwhile service; this is particularly true in the case of immigrant children, and of those living in under-privileged surroundings. There was an increase in the illegitimate birth rate, but, considering that 68 out of the 201 children were registered by both parents, there was a clear indication of a stable union, in nearly a third of the cases. The medical staff undertook a considerable increase in adoption work for the Children's Department.

The dental headquarters moved to their new premises in the East Oxford Health Centre in August. Each year there is a small increase in the number of pre-school children seen and treated; the ideal scheme would be one in which every child began routine visits to a dentist on reaching three years of age.

During the year the Regional Hospital Board decided to amalgamate the Warneford and Park and the Littlemore hospital management committees. The Vice-Chairman of the Health Committee and the Medical Officer of Health were appointed members of the Interim Committee to further the amalgamation and have since been appointed members of the new Isis Group Hospital Management Committee. The Richmond Fellowship acquired and adapted Rutland House, 41 Davenant Road, as a hostel for students convalescing from psychiatric illness. The Oxford and District Council on Alcoholism continued to provide a hostel for the accommodation of alcoholics at 81 Cowley Road. Admissions to psychiatric hospitals under Section 29 again diminished and now represent only 30% of all compulsory admissions. Total admissions and discharges to and from psychiatric hospitals were the highest so far recorded. There were many visitors to the Industrial Training Unit and to St. Nicholas House Hostel. Full employment was maintained at the Industrial Training Unit. Miss Forshaw took up her duties as Supervisor of the Mabel Prichard School in succession to Miss Warburton. At the end of the year, Mrs. Davis resigned as Superintendent of St. Nicholas House Hostel and was succeeded by Mrs. Entwistle. Mrs. Davis opened the Hostel in 1964 and had

most successfully developed a very happy community. There has been increasing doubt as to the need for a purpose built hostel for the mentally ill and as a result of a visit to Newport County Borough to see their alternative scheme of grouped homes it has been decided to establish an experimental group home for males in the house adjoining the Industrial Training Unit, before deciding future policy.

Slowly but surely the Welfare Division are building up a professionally trained staff and improving their domiciliary services. At the beginning of April, the day care service, pioneered by the Oxford Council of Social Service, was taken over by the health department. Longlands, the latest 60-bedded purpose-built Old People's Home, sited at Balfour Road, Blackbird Leys, opened towards the end of the year and at the same time Frilford House was closed. Oxford, with seven purpose-built 60-bedded Homes in addition to a purpose-built extension to an eighth Home, must surely with a total of 440 equivalent ground floor beds have one of the finest residential services in the country. This is indeed fortunate, because the longstanding and acute shortage of geriatric beds is becoming worse rather than better, and, as a result, a heavy nursing burden is thrown on the staff of the Old People's Homes.

There was an increase in the number on the partially-sighted register. Blindness and partial sight are more and more problems of old age; about three quarters of all the new registrations under both categories being patients of 70 years or more. As outlined last year, the necessary machinery for a book-finishing service for the printing trade was installed at the Handicapped Workshop and production commenced in June.

The Senior Medical Officer for Welfare had another busy year, being responsible for general medical advice to the Matrons of all the Old People's Homes in addition to the medical assessment of many patients as to their suitability for accommodation either in their own home, in warden flatted accommodation, or in an Old People's Home or a geriatric hospital bed. He was also much concerned with household adaptations for handicapped persons and with decisions about major items of domiciliary equipment. It is hoped that a number of purpose-built bungalows for seriously handicapped persons will soon be provided.

The acute shortage of staff in the Public Health Inspectors' Division mentioned last year has been relieved by the appointment of two Authorised Meat Inspectors and the recruitment of two Public Health Inspectors, one of whom was a successful staff student.

The Simon Community, as the result of a survey, have established a lodging house for vagrants in a former railway hostel. This is a laudable project, but unless great care and skill in management is used, such a

hostel could cause more trouble than it solves; certainly the risks of transmission of infection and infestation are very real. There was a good deal of discussion during the year concerning the provision of a permanent site for gipsies; who, on more than one occasion, have caused a great deal of nuisance by settling on the Oxpens site.

A very high acid and lead content was found in the soil on a site in St. Ebbe's which had been used for many years for the breaking up of old car batteries; the future development of this area will require care from the health point of view.

Smoke Control Area No. 6 became operative on the 1st December, and Area No. 7, extending to the City boundary in south Oxford, was planned for the following year. There are now 1,600 smoke control acres in the City, including most of the important central areas; nevertheless, this represents only about 20% of the City and progress is disappointingly slow.

A Sessional Meeting of the Royal Society of Health was held in Oxford in June, when papers were read by the Medical Officer of Health on "An Evaluation of Whooping Cough Vaccination in Oxford", and by the Chief Public Health Inspector on "Some Public Health Aspects of Planning Control".

The responsibility for the supply of water to Oxford was transferred to the Oxfordshire and District Water Board as from the 1st April. In June, the new Farmoor Source Works and Impounding Reservoir were commissioned.

The Vehicles and Stalls Hygiene Regulations came into operation necessitating many more inspections; there is room for improvement in this respect in both the open and covered markets. There is need for constant vigilance in the case of many of the smaller food premises. Charges for meat inspection are to be introduced as from 1st April, 1968. The incidence of liver fluke infestation in both bovine and sheep livers was the highest for ten years. The Health Department is taking part in a national sampling scheme designed to assess the presence of pesticide residues in foodstuffs. There is still much room for improvement in the rotation of stocks in food premises. Far too many mouldy foodstuffs are sold, leading to prosecution. An appreciable proportion of foodstuffs surrendered for destruction were frozen goods; this resulted from the breakdown of refrigerators, particularly over weekend periods.

Housing activity was mainly centred on a rehabilitation programme for the Jericho area, but, unfortunately there was very little progress to report in spite of a great deal of work. Problems associated with multi-

occupation of dwellings were tackled in co-operation with the Fire Prevention Officer, with particular reference to the new standards for such houses which were brought into effect last year. Improvement grants are not proving to be as attractive as was hoped, and little progress can be reported in this direction, which is a great pity because many houses are capable of repair, improvement and modernisation; if this is not done the property will rapidly deteriorate and soon become unfit for use.

Problems in connection with Civil Defence continued to occupy the time of some members of the staff of the Health Department.

Your Medical Officer of Health has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the Health Ministers on all medical aspects of vaccination and immunisation. He has also continued to be a member of the Public Health Laboratory Service Board. He has the honour of being President of the Fever Group of the Society of Medical Officers of Health for the period 1967-69.

Dr. Joan Gray took up her duties as Senior Medical Officer for Maternity and Child Health on the 13th June, in place of Dr. Catherine Hall. Dr. Vera Hollyhock returned in July from her year at the London School of Hygiene, having obtained the Diploma in Public Health; Dr. Kewish left Oxford to commence this course of training in October. Dr. Mary O'Sullivan left at the end of May to go into general practice in this area and has been replaced, on an experimental basis, by four part-time married women doctors, namely, Drs. Patience Burn, Rosalind Cooling, Mary Heaf and Gillian Sleight. A link with the past was severed when Mrs. Templeton retired at the end of March. She had been a most successful Deputy Matron at The Laurels and became Matron of Townsend House in January, 1959, when this Home was opened.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and efficient support I have received from all my staff throughout the year.

Finally, I should like to thank, most sincerely, the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,

Medical Officer of Health.

SECTION I

(a) COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor SIMPSON, M.B.E.

Vice-Chairman: Councillor WILCHER, C.B.E., B.Litt., M.A.

Alderman Mrs. ANDREWS, M.B.E.
,, BROMLEY
,, Mrs. HARRISON-HALL, J.P., M.B., Ch.B.
,, MEADOWS, A.I.S.T., M.R.S.H.
,, ROBERTS
Councillor Mrs. CARR, B.A.
,, CONSTABLE, B.Sc., M.A.

Councillor DICKINS
,, Mrs. ELLIS
,, Miss GOOD, M.A.
,, HAMILTON
,, LOUGHRAN
,, MACBETH, M.A., D.M.
,, Miss SPOKES, M.A.
,, WOODWARD

Mrs. M. HOUGHTON, Mrs. O. PHIPPS } Representing the Oxford County and City Executive Council.

Mr. A. W. DENT, J.P., representing the United Oxford Hospitals.

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Councillor DICKINS

Vice-Chairman: Alderman Mrs. ANDREWS, M.B.E.

Alderman Mrs. HARRISON HALL, J.P., M.B., Ch.B.
Councillor Mrs. CARR, B.A.

Councillor SIMPSON, M.B.E.
,, Miss SPOKES, M.A.

Mrs. A. CAMPBELL, M.A., co-opted.

MENTAL HEALTH SUB-COMMITTEE

Chairman: Councillor Miss SPOKES, M.A.

Vice-Chairman: Councillor SIMPSON, M.B.E.

Councillor Mrs. CARR, B.A.
,, CONSTABLE, B.Sc., M.A.
,, Mrs. ELLIS
,, HAMILTON

Councillor WILCHER, C.B.E., B.Litt., M.A.
Mrs. M. HOUGHTON

Co-opted: Mr. E. E. JOHN: representing the Oxford and District Society for Mentally Handicapped Children.

WELFARE SERVICES SUB-COMMITTEE

Chairman: Alderman MEADOWS, A.I.S.T., M.R.S.H.

Vice-Chairman: Councillor WOODWARD

Alderman Mrs. ANDREWS, M.B.E.
,, BROMLEY
,, Mrs. HARRISON-HALL, J.P., M.B., Ch.B.
,, ROBERTS
Councillor CONSTABLE, B.Sc., M.A.

Councillor Miss GOOD, M.A.
,, LOUGHRAN
,, SIMPSON, M.B.E.
,, Miss SPOKES, M.A.
,, WILCHER, C.B.E., B.Litt., M.A.

GENERAL PURPOSES SUB-COMMITTEE

The Chairmen and Vice-Chairmen of the Health Committee, and of the Maternity, Child Welfare and Home Services, Mental Health, and Welfare Services Sub-Committees, and Aldermen BROMLEY and Mrs. HARRISON HALL, J.P., M.B., Ch.B.

Representatives of the Council on City and County Joint Ambulance Committee.

Alderman Mrs. HARRISON-HALL, J.P., M.B., Ch.B.
,, MEADOWS, A.I.S.T., M.R.S.H.
,, ROBERTS
Councillor SIMPSON, M.B.E.
,, WILCHER, C.B.E., B.Litt., M.A.

Representatives of the Council on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases

Alderman MEADOWS, A.I.S.T., M.R.S.H.
Councillor CONSTABLE, B.Sc., M.A.
,, Miss GOOD, M.A.
,, MACBETH, M.A., D.M.

HOUSING COMMITTEE

Chairman: Alderman INGRAM
Vice-Chairman: Councillor WELFORD

Alderman FAGG
Councillor BOWDREY
,, BUXTON, B.C.L., M.A.
,, Mrs. ELLIS
,, JONES
Councillor McKAY
,, OVERALL
,, PARKER
,, Mrs. TODD, M.A.
,, Mrs. TRIBE

(b) HEALTH DEPARTMENT STAFF

Medical Officer of Health
J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health
R. P. RYAN, M.B., B.S., D.P.H.

Senior Assistant Medical Officers of Health
C. E. HALL, M.B., Ch.B., D.P.H., D.C.H., D.R.C.O.G. (Maternity and Child Health) ceased 16.4.67.
J. GRAY, M.B., Ch.B., D.P.H. (Maternity and Child Health) commenced 13.6.67.
E. P. LAWRENCE, M.B., B.Ch., D.P.H., D.T.M. & H. (General Purposes).
G. E. LEYSHON, M.B., Ch.B., D.P.H. (Welfare).

Assistant Medical Officers of Health
V. M. HOLLYHOCK, M.B., B.Ch., D.P.H.
K. C. KEWISH, M.R.C.S., L.R.C.P. (D.P.H. course from October).
M. J. O'SULLIVAN, M.R.C.S., L.R.C.P., D.P.H., ceased 31.5.67.
C. M. PHILLIPS, B.M., B.Ch. (part-time).

Consultant Chest Diseases (part-time)
F. RIDEHALGH, M.D., F.R.C.P.

Principal Dental Officer
C. H. I. MILLAR, B.Sc., L.D.S.

Chief Public Health Inspector
W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (*a*) (*b*) (*c*) (*d*).

Deputy Chief Public Health Inspector
S. J. GARROD (*a*) (*b*) (*c*) (*d*).

Senior Public Health Inspectors

R. Crossley (*a*) (*b*) (Housing).
K. England (*a*) (*b*).
K. O. Keighley (*a*) (*b*).
J. P. Mullard (*a*) (*b*).
J. G. Scott (*a*) (*b*) (*e*).
D. Watson (*a*) (*b*) (*d*).

District Public Health Inspectors

A. W. Flockhart (*a*) (*b*) Scotland (on University course).
I. F. King (*b*) (*f*).
D. G. Saffin (*g*) ceased 16.2.67.

Authorised Meat Inspectors

H. E. Ellison (*b*) commenced 15.5.67.
P. G. Allan (*b*) commenced 22.5.67.

(*a*) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.
(*b*) Meat and Food Inspector's Certificate, Royal Society of Health.
(*c*) Sanitary Science Certificate, Royal Society of Health.
(*d*) Smoke Inspector's Certificate, Royal Society of Health.
(*e*) Testamur of Institute Public Cleansing.
(*f*) Public Health Inspector's Certificate, Public Health Inspector's Joint Board.
(*g*) Public Health Inspector's Diploma, Public Health Inspector's Education Board.

Technical Assistants

J. A. Wirdnam, City and Guilds Certificate (Plumbing).
P. Wainwright, City and Guilds Certificate (Plumbing).

Pupil Public Health Inspectors: 3.

Pest Control Officer

G. A. Williamson

Pest Control Operators

K. R. Dalton
A. G. Barnsley

Superintendent Nursing Officer

*Miss E. Gilbertson (*a*) (*c*) (*d*).

Deputy Superintendent Health Visitor

Miss G. Davies, D.N. (*a*) (*c*) (*d*).

Senior Health Visitors

Miss J. Barnett (*a*) (*c*) (*d*).
Miss N. Crookall (*a*) (*d*).
Miss M. Willis (*a*) (*c*) (*d*) ceased 31.8.67.
Miss D. Bree (*a*) (*c*) (*d*) from 1.9.67.

Health Visitors

Miss E. J. Blackler (*a*) (*c*) (*d*).
Miss P. A. Broadbent (*a*) (*c*) (*d*).
Miss M. Brown (*a*) (*c*) (*d*) (*e*).
Miss M. R. Carpenter (*a*) (*c*) (*d*) (*e*) from 1.9.67.
Mrs. F. M. Davies (*a*) (*c*) (*d*) commenced 27.12.67.
Mrs. D. A. Dowling (*a*) (*d*).
Miss E. Dudson (*a*) (*c*) (*d*) (*e*)
Miss J. M. Fairs (*a*) (*c*)(*d*) ceased 7.5.67.
Mrs. B. C. Hallett (*a*) (*c*) (*d*).
Miss K. J. Hayes (*a*) (*c*) (*d*).
Miss D. M. King (*a*) (*c*) (*d*) (*e*) commenced 27.9.67.
Miss G. M. Lawrence (*a*) (*c*) (*d*).
Miss H. Rankin (*a*) (*c*) (*d*).
Miss H. L. Robinson (*a*) (*c*) (*d*).

Miss K. I. Swain (*a*) (*c*) (*d*) from 27.9.67.
Miss D. R. Tattersall (*a*) (*c*) (*d*).
Miss C. Turchi (*a*) (*c*) (*d*) (*e*) ceased 31.8.67.
Miss M. Witten-Hannah (*a*) (*d*).

Student Health Visitors
7 1st year. 5 2nd year.

Non-Medical Supervisor of Midwives
Miss P. Millar (*a*) (*c*).

Assistant Non-Medical Supervisor of Midwives
Miss D. B. Inness (*a*) (*c*).

Senior District Midwife
Miss M. E. Viner (*a*) (*c*).

Midwives
Miss P. D. Daymond (*a*) (*c*).
Miss B. J. Esnouf (*a*) (*c*) commenced 21.8.67.
Miss C. Fisher (*a*) (*c*).
Miss J. Hepworth (*a*) (*c*).
Miss M. E. Nicholas (*a*) (*c*) ceased 24.3.67.
Miss D. R. Padwick (*a*) (*c*).
Miss M. M. Pim (*a*) (*c*).
Miss D. E. Reeve (*a*((*c*).
Miss B. E. Smith (*c*) (*f*) commenced 1.5.67.
Mrs. A. E. Godfrey (*c*) (part-time) ceased 7.7.67.
Mrs. B. L. Kewish (*a*) (*c*) (part-time.)
Mrs. S. J. Oakey (*a*) (*c*) (part-time) commenced 13.11.67.
Mrs. J. Thompson (*a*) (*c*) (part-time) ceased 12.11.67.

Deputy Superintendent District Nurses
Mrs. M. Angell (*a*) (*e*).

Senior District Nurses
Miss W. Dunlop (*a*) (*c*) (*e*) ceased 27.9.67.
Mrs. E. Mobey (*a*) (*c*) (*e*).
Miss E. W. Turrill (*a*) (*c*) (*f*) Transferred from District Nurse.

District Nurses
Miss D. Broome (*b*) (*e*) commenced 9.1.67.
Mrs. V. N. Carter (*a*) (*c*) (*d*) (*e*).
Mrs. M. R. Coxhill (*a*) (*e*).
Miss J. M. Dewey (*a*) (*c*) (*e*) commenced 3.4.67.
Mrs. W. J. Evans (*a*) (*e*) ceased 30.11.67.
Mrs. E. Gunter (*a*) (*e*) commenced 1.4.67.
Miss E. Handscombe (*a*) (*e*) commenced 4.9.67.
Mrs. G. M. Kirk (*a*) (*e*).
Miss M. Llewellyn (*a*) (*e*) commenced 4.9.67.
Mrs. E. M. Medcraft (*b*) (*e*).
Miss B. Moss (*a*) (*e*).
Miss B. M. Parker (*a*) (*e*).
Miss E. J. Plummer (*b*).
Mrs. R. Quigley (*a*).
Miss B. Schauder (*a*) (*c*) (*e*) commenced 18.12.67.
Miss M. G. Symonds (*a*) (*c*) (*e*).
Mrs. M. E. Thompson (*a*) (*c*) ceased 31.8.67.
Miss M. G. Tillin (*a*) (*c*) (*e*) ceased 24.9.67.
Miss A. A. Ward (*a*) (*c*) (*e*) ceased 22.3.67.
Mrs. N. M. Wheeler (*a*) (*c*) commenced 1.10.67.
Miss R. Woodward (*a*) (*e*) ceased 22.3.67.
Mrs. C. Barker, Nursing Orderly (part-time).

Part-time Nurses: 11.

Student District Nurses: Nil.

Nurses' and Midwives' Headquarters

Miss E. Hay, Warden/Housekeeper.
Miss M. E. Wood, Clerical Assistant.
Mrs. R. M. Stroud, Clerical Assistant (part-time) commenced 2.10.67.
Mrs. B. E. Runis, Telephonist, commenced 22.8.67.

Health Centres

Blackbird Leys

Mrs. B. Parratt, Secretary/Receptionist.
Mrs. E. Thomson, Clerk/Receptionist.
Mrs. S.Roberts, Clerk/Receptionist (part-time).

East Oxford

Mrs. A. N. Macdonald, Secretary/Receptionist, commenced 14.8.67.
Mrs. C. N. Wilson, Clerk/Receptionist, commenced 14.8.67.
Mrs. C. Standen, Clerk/Receptionist (part-time), commenced 14.8.67.
Mrs. E. D. Burnhope, (*a*) Surgery Nurse (part-time) commenced 9.10.67.
Mrs. V. I. Horvath, (*a*) Surgery Nurse (part-time) commenced 9.10.67.

Summertown

Mrs. E. M. Ballance. Secretary/Receptionist, commenced 21.8.67.
Miss A. E. Murray, Clerk/Receptionist, commenced 21.8.67, ceased 16.12.67.
Miss A. H. Lay, Clerk/Receptionist, commenced 21.8.67, ceased 29.12.67.
Mrs. R. Wilsdon, Clerk/Receptionist, commenced 30.10.67.

Mother and Baby Hostel

Mrs. F. G. Humphries (*a*) (*c*) Matron.
Miss F. Bolton (*f*) Deputy Matron.
Miss F. A. Goddard, C.C.R. Nurse (part-time).

Nurseries

Botley Road Day Nursery

Miss G. M. Nixey (*f*) Matron.
Miss G. M. Thomas (*f*) Deputy Matron.
Two Nursery Nurses.

Florence Park Day Nursery

Mrs. E. Pearce (*a*) (*c*) Matron.
Miss G. M. Harris (*f*) Deputy Matron.
Two Nursery Nurses.

Home Help Service

Miss P. Urban-Smith, Organiser.
Miss K. Thicke, Assistant Organiser.

Occupational Therapists

Miss J. A. Gould, S.R.O.T., Head Occupational Therapist.
Miss C. M. Archer, S.R.O.T., Assistant Occupational Therapist, commenced 1.8.67.
Miss J. A. Baker, S.R.O.T., Assistant Occupational Therapist, commenced 1.8.67.
Mrs. E. C. Knight, S.R.O.T., Assistant Occupational Therapist, ceased 30.6.67 (part-time).

Medical Social Workers

Mrs. D. Hicks (Chest Diseases) (part-time).
Mrs. B. J. Mercer (Venereal Diseases) (part-time).

Mental Health

*D. A. PURRETT, Chief Mental Health Officer.
†F. F. VIPOND, Senior Mental Health Officer, from 23.1.67.
Miss J. M. BRICE, Mental Health Officer (temporary) ceased 30.9.67.
L. A. CLINKARD, Mental Health Officer.
Miss D. M. JACKSON, B.Soc.Sc., Mental Health Officer (temporary) commenced 18.9.67.
D. W. MACINTOSH, Mental Health Officer.
Miss D. J. SMETHURST, D.P.S.A., Mental Health Officer
F. F. VIPOND, Mental Health Officer, transferred to Senior Mental Health Officer 23.1.67.
D. E. HOE, Trainee Mental Health Officer.
J. T. NIX, Trainee Mental Health Officer (on Social Workers' Course).

*Declaration of Recognition of Experience, Council for Training in Social Work.
†Certificate, Council for Training in Social Work.

Training Centre

Miss O. WARBURTON, Supervisor, retired 2.4.67.
Miss J. I. FORSHAW, Dip.N.A.M.H., Supervisor, commenced 6.4.67.
Miss V. BUTT, Dip.N.A.M.H., Senior Assistant Supervisor.
Mrs. E. ALLEN, Assistant Supervisor.
Mrs. M. CORRIGAN, Assistant Supervisor.
Mrs. B. GRANT, Assistant Supervisor.
Mrs. J. WEBBERLEY, Assistant Supervisor.
Mrs. M. E. FINLAY, Nursery Assistant.

Industrial Training Unit

I. J. PRICE, Manager, Dip.N.A.M.H.
J. A. HOPE, Senior Instructor.
M. M. BACON, Instructor.
A. ELVIDGE, Instructor.
Mrs. M. HEAD, Instructor.
Mr. W. W. HOLLAND, Instructor (temporary) commenced 6.11.67.
Mrs. R. S. PRICE, Instructor.

St. Nicholas House (*Hostel for sub-normal children*)

Mrs. S. G. DAVIES, Superintendent, ceased 31.12.67.
Mrs. J. E. ENTWISTLE, Dip.N.N., Superintendent, commenced 11.12.67.
Mrs. E. M. BURTON, Housemother.
Mrs. F. P. COWLEY, Assistant Housemother, ceased 9.9.67.
Miss J. FAWDREY, Assistant Housemother, commenced 17.7.67.
Mrs. J. E. FOSTER, Assistant Housemother.
Mrs. H. J. GLOYNE, Assistant Housemother, commenced 1.10.67.
Miss S. MORFORD, Assistant Housemother, ceased 31.12.67.
Mrs. V. M. VIPOND, Assistant Housemother.

Welfare Services

*J. C. DAVENPORT, Chief Welfare Services Officer.
†R. J. CRANE, Deputy Chief Welfare Services Officer.
*J. CLARKE, Senior Welfare Services Officer.
Miss A. C. HERBERT (*a*) Senior Welfare Services Officer.
P. L. HUNT, Senior Welfare Services Officer (Welfare of the Deaf).
†Miss H. M. FORD, Welfare Services Officer, from 17.7.67, transfer from Trainee Welfare Officer.
†M. H. STANLEY, Welfare Services Officer.
Mrs. M. DALE (*a*) Welfare Assistant (Old People's Welfare).
Miss P. M. DELL, Welfare Assistant (transferred from Craft Instructress 1.10.67).
Miss J. C. MESSENGER, Welfare Assistant, commenced 1.11.67.
Miss R. WADDLE, Welfare Assistant (Welfare of the Deaf).
S. J. CALDER, Trainee Welfare Officer (on Social Workers' Course from October).
A. J. FURZE, Trainee Welfare Officer, ceased 31.1.67.
I. F. MAUND, Trainee Welfare Officer, commenced 24.7.67.
Miss D. B. REES, Trainee Welfare Officer (Welfare of the Blind) commenced 1.1.67 ceased 31.8.67.
Miss M. M. THOMPSON, Trainee Welfare Officer (Welfare of the Blind).

Miss A. D. Crawford, Craft Instructress (temporary).
Miss J. Baron, Home Teacher to the Blind (on Social Workers' Course).
Mrs. E. Dean, Home Teacher to the Blind, retired 1.1.67.
N. Bowley, Superintendent of Handicapped Workshop.
M. Trafford, Foreman of Handicapped Workshop.
Mrs. D. Manson, Sales Assistant, Handicapped Retail Shop (part-time).
Mrs. E. S. Quick, Sales Assistant, Handicapped Retail Shop (part-time).
Miss B. Singleton, M.Ch.S., Chiropodist (part-time).
R. Wilson, Laundry Engineer.

*Declaration of Recognition of Experience, Council for Training in Social Work.
†Certificate, Council for Training in Social Work.

Old People's Homes

Barton End

Mrs. M. C. Collison (*b*) Matron.
Mrs. S. Ashley (*a*) Deputy Matron, commenced 1.7.67.
Mrs. B. P. Leahy (*b*) Deputy Matron, ceased 14.3.67.

Cutteslowe Court

Mrs. C. M. Avery (*a*) Matron (transferred from Deputy Matron 30.6.67).
Mrs. E. Pratt (*a*) Matron, ceased 7.7.67.
Mrs. E. V. Ward (*b*) Deputy Matron, commenced 28.8.67.

Frilford House (*closed* 23.10.67)

J. Cherry, M.B., B.S., Medical Officer (part-time).
Miss P. F. Sirman (*b*) Matron (transferred to Longlands Old People's Home).
Mrs. E. Holden, R.S.C.N., Deputy Matron (transferred to Townsend House Old People's Home).

Iffley House

Mrs. E. G. Fidler (*b*) Matron (transferred from Deputy Matron 1.2.67).
Mrs. L. Watford (*b*) Matron, ceased 31.1.67.
Mrs. V. Davies (*b*) Deputy Matron, commenced 3.4.67.

Longlands (*opened* 1.11.67)

Miss P. F. Sirman (*b*) Matron (transferred from Frilford House).
Mrs. E. Godfrey (*a*) (*c*) Deputy Matron 1.10.67 (transferred from Welfare Assistant).

Marston Court

Mrs. M. Swain (*a*) Matron.
Mrs. P. Lockwood (*b*) Deputy Matron.

Oseney Court

Mrs. A. E. Coulter-Smith (*b*) Matron.
Miss D. Broome (*b*) Deputy Matron, ceased 3.1.67.
Mrs. V. M. Clarke (*a*) (*c*) Deputy Matron, commenced 1.4.67.

Shotover View

Miss M. A. Bulbeck (*b*) Matron.
Mrs. I. Paynter (*b*) Deputy Matron, commenced 1.2.67.

Townsend House

Miss M. Gillespie (*b*) Matron (transferred from Deputy Matron 1.4.67).
Mrs. L. Templeton (*a*) Matron, retired 31.3.67.
Mrs. E. Holden, R.S.C.N., Deputy Matron (transferred from Frilford House 1.10.67).

Relief Deputy Matrons, Old People's Homes

Mrs. M. Flatman (*b*).
Mrs. J. R. Tyler (*a*).

Administration

H. G. Annely, Chief Administrative Assistant.
T. D. Thomson, Senior Administrative Assistant.
L. C. Stockford, Senior Administrative Assistant (Welfare Services).
W. J. Gibbs, Administrative Assistant (General Purposes).
L. N. Tutt, Administrative Assistant (Mental Health).
K. W. Gibbons, Administrative Assistant (Chief Public Health Inspector's), commenced 20.2.67.
Miss M. V. Crabb, Medical Officer of Health's Secretary.
Mrs. S. M. Stevenson, Chief Welfare Services Officer's Secretary.
Mrs. J. A. Taylor, Chief Public Health Inspector's Typist/Secretary.
B. Ealey, Senior Clerical Assistant (Welfare Services).
P. C. Gomm, Senior Clerical Assistant (Welfare Services).
Mrs. S. E. Briggs, Clerical Assistant (Public Health Inspector's).
Miss M. Garrett, Clerical Assistant (Health Visitors' and Welfare Services).
Mrs. B. M. Grant, Clerical Assistant (Welfare Foods).
Miss N. M. Johnson, Clerical Assistant (Health Visitors).
Miss J. Little, Clerical Assistant (Welfare Services).
Miss M. Milham, Clerical Assistant (Welfare Services) commenced 1.7.67.
Miss H. M. Mitchell, Clerical Assistant (Maternity, Child Health and Infectious Diseases).
Miss N. L. Neale, Clerical Assistant (Welfare Services).
Miss M. M. Snowden, Clerical Assistant (Home Help).
Miss I. Stone, Clerical Assistant (Vaccination and Immunisation).
Mrs. S. M. Townsend, Clerical Assistant (Mental Health).
Mrs. G. M. Whyte, Clerical Assistant (Mental Health, I.T.U.) (part-time) commenced 5.6.67.
Mrs. D. Devonport, Shorthand-Typist (Health Education and Welfare) (part-time).
Mrs. A. P. Pearson, Shorthand-Typist (Mental Health) (part-time).
Mrs. M. Peters, Shorthand-Typist (Cervical Cytology) commenced 8.5.67.
Miss D. Skinner, Shorthand-Typist (Welfare Services).
Mrs. C. Tasker, Shorthand-Typist (Cervical Cytology) ceased 12.5.67.
Miss S. G. Whiting, Shorthand-Typist (Health Administration) commenced 1.5.67.
Mrs. J. Heard, Shorthand-Typist (Public Health Inspector's).
N. J. Kennedy, Administrative Trainee (Welfare Services).
Miss D. Rees, Administrative Trainee (Welfare Services) (transferred to Trainee Welfare Officer 1.2.67).
R. P. White, Telephone Operator.
13 Clerks, General Division.
Five Vehicle Drivers.

(*a*) State Registered Nurse.
(*b*) State Enrolled Nurse.
(*c*) State Certified Midwife.
(*d*) Health Visitors' Certificate.
(*e*) Queen's Nurse.
(*f*) Certificated Nursery Nurse.

(c) OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		Telephone No.
Main Office	Greyfriars, Paradise Street	Oxford 47212
Welfare Services	City Chambers, Queen Street	,, 49811
Mental Health	City Chambers, Queen Street	,, 49811
Immunisation and Vaccination Welfare Foods	Greyfriars, Paradise Street	,, 47212
Health Visitors	Greyfriars, Paradise Street	,, 47212
District Nurses Headquarters and Hostel	East Oxford Health Centre, Cowley Road	,, 40153
Domiciliary Midwives Headquarters and Hostel	East Oxford Health Centre, Cowley Road	,, 49770
Home Helps	29/31 George Street	,, 49811
Blackbird Leys Health Centre	Blackbird Leys Road, Blackbird Leys	,, 78244
East Oxford Health Centre	Cowley Road— Dr. Neill Partnership Dr. Stein Partnership	 ,, 42334 ,, 42109
Summertown Health Centre	160 Banbury Road	,, 57347
Botley Road Day Nursery	Botley Road	,, 43492
Florence Park Day Nursery	Florence Park	,, 77286
Mother and Baby Hostel	Clark's Row, St. Aldate's	,, 43072
Handicapped Workshop Retail Shop Domiciliary Occupational Therapy	12 Woodstock Road	,, 57602
Barton End Old People's Home	Barton Road, Headington	,, 62829
Cutteslowe Court ,,	Wyatt Road, Summertown	,, 54446
Iffley House ,,	Iffley Turn	,, 78141
Longlands ,,	Balfour Road, Blackbird Leys	,, 79224
Marston Court ,,	Marston Road	,, 41526
Oseney Court ,,	Botley Road	,, 44592
Shotover View ,,	Horspath Road, Cowley	,, 78468
Townsend House ,,	Bayswater Road, Headington	,, 62232
Homeless Family Unit	Slade Park, Headington	,, 78711
Junior Training Centre	St. Nicholas Road, Littlemore	,, 77878
Industrial Training Unit	Brasenose Driftway, Cowley	,, 79570
St. Nicholas House	St. Nicholas Road, Littlemore	,, 77855
Ambulance Headquarters	Churchill Drive, Old Road, Headington	,, 61336

(d) CLINICS

1. *Cervical Cytology*—

Bury Knowle House, Old High Street, Headington	Friday	9.30 a.m.—12 noon
East Oxford Health Centre, Cowley Road	Tuesday	9.30 a.m.—12 noon
60 St. Aldate's	Thursday	9.30 a.m.—12 noon

2. *Child Health*—

British Legion Hall, Hadow Road, New Marston	Wednesday	2—4 p.m.
Bury Knowle House, Old High Street, Headington	*Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
	*Friday	2—3 p.m.
Clinic Premises, Albert Street, St. Barnabas	Monday	2—4 p.m.
	*Wednesday	2—4 p.m.
Clinic Premises, Lake Street, Hinksey	*Tuesday	2—4 p.m.
	Friday	2—4 p.m.
Clinic Premises, Maltfield Road, Northway Estate	Thursday	2—4 p.m.
Clinic Premises, Slade Park 2nd Avenue	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday	2—4 p.m.
	Thursday	10 a.m.—12 noon
Clinic Premises, Temple Road, Cowley	Monday	2—4 p.m.
	*Tuesday	2—4 p.m.
	*Wednesday	9—11 p.m.
Community Centre, Binsey Lane	Tuesday	2—4 p.m.
Community Centre, Underhill Circus, Barton Estate Headington	Wednesday	2—4 p.m.
Community Centre, The Oval, Rose Hill	Thursday	2—4 p.m.
Donnington School Clinic, Henley Avenue	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
	*Friday	2—4 p.m.
Health Centre, Blackbird Leys Road	*Tuesday	2—4 p.m.
	*Wednesday	10—11 a.m.
	Wednesday	2—4 p.m.
	*Thursday	2—4 p.m.
Health Centre, Summertown, 160 Banbury Road	*Tuesday	2—4 p.m.
Health Centre, East Oxford, Cowley Road	Monday	2—4 p.m.
	*Wednesday	2—4 p.m.
	*Friday	2—4 p.m.
Village Hall, Wolvercote	Thursday	2—4 p.m.
Surgery Premises. 12 Old High Street, Headington	*Wednesday	2—3 p.m.

*General Practice Clinic

3. *Immunisation and Vaccination*

Health Department, Greyfriars, Paradise Street (also at Child Health Clinics)	Tuesday	2 p.m. (by appointment)
Yellow Fever, Greyfriars, Paradise Street	Tuesday	2 p.m. (by appointment)

4. *Dental*

East Oxford Health Centre, Cowley Road (by appointment)

Part II (A): Health and Welfare Services Capital Works Programme, 1968/69 to 1970/71

Financial Year 1968/9

Name of Authority: OXFORD C.B.C.

Projects	Type of Project Code No.as per Coding List	Location	Need	Estimated Cost			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) Year in which this applies	Remarks
				Details	Figures in £ Amount of loan sanction required	Figures in £ Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
1 Health Centre	01	North Oxford Walton Street, Oxford	New Provision	Cost of Site Cost of accommodation incl. cost of external works and any other costs of works Cost of Furniture and loose equipment Total cost of project	£5,000 £27,000 £2,500 £34,500		(i) 1970/1 (ii) £1,700 (iii) 1970/1	Application for loan sanction for purchase of site. 1967/8.
2 Child Welfare Clinic	02	Slade Park Headington, Oxford	Replacement	Cost of Site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	Nil £16,000 £1,000 £17,000		(i) 1969/70 (ii) £2,000 (iii) 1970/1	Closure of present clinic premises due to demolition. Building constructed for possible use for Health Centre purposes in the future. Council owned site.
3 Health Centre	01	Community Centre Building West Oxford Osney Lane, Oxford	New Provision	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project Totals (C/F)	Nil £8,000 £1,000 £9,000 £60,500		(i) 1968/69 (ii) £600 (iii) 1969/70	Present premises (rented) used for Child Welfare purposes. Extension of premises required for use as a Health Centre for G.P.s in the area and improved clinic facilities. Council owned Site.

Projects	Type of Project Code No. as per Coding List	Location	Need	Estimated Cost			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) Year in which this applies	Remarks
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
4 Day Centre for Handicapped persons	21	East Oxford Rectory Road, Oxford	New Provision	Totals (B/F) Cost of Site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£60,500 Nil £99,000 £5,000 £104,000		(i) 1969/70 (ii) £13,200 (iii) 1970/71	Site owned by the Council.
5 Residential Accommodation for D. Nurse and Dom. M'wife. 2 Flats and Garages	16	Marston Marston Road/ Headley Way, Marston, Oxford	New Provision	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project Total	Nil £8,000 £800 £8,800 £173,300		(i) 1969/70 (ii) £700 (iii) 1969/70	Site owned by the Council.

Part II (A): Health and Welfare Services Capital Works Programme, 1968/69 to 1970/71

Financial Year 1969/70

Name of Authority: OXFORD C.B.C.

Projects	Type of Project Code No. as per Coding List	Location	Need	Estimated Cost			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) Year in which this applies	Remarks
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
1 Health Centre	01	Cowley Temple Road, Cowley, Oxford	New Provision	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	Nil £33,000 £3.500 £36,500		(i) 1970/71 (ii) £2,200 (iii) 1971/72	Site owned by the Council.
2 Staff Accommodation. 4 Houses and Garages	26	Cowley Blackbird Leys Estate, Cowley, Oxford	New Provision	Cost of Site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment. Total cost of project Total	Nil £15,000 Nil £15,000 £51,500		(i) 1970/71 (ii) £1,300 (iii/ 1971/72	To house nursing relief staff. Site owned by the Council.

Part II (A): Health and Welfare Services Capital Works Programme, 1968/69 to 1970/71

Financial Year 1970/1

Name of Authority: OXFORD C.B.C.

Projects	Type of Project Code No. as per Coding List	Location	Need	Estimated Cost			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) Year in which this applies	Remarks
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
1 Industrial Training Unit Extension of Workshop	04	Cowley Brasenose Drift-way, Cowley, Oxford	Extension of existing facilities	Cost of Site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	Nil £11,000 £1,500 £12,500		(i) 1971/72 (ii) £3,900 (iii) 1971/72	
2 Old People's Home.	19	South Oxford Site free after demolition of Gas Works 60 places (*a*) 3 (*b*) 57	New Provision	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£15,000 £117,000 £10,000 £142,000		(i) 1971/72 (ii) £22,800 (iii) 1972/73	
3 Hostel for Mentally Ill	12	In vicinity of Nowell Road Housing Estate Iffley, Oxford 24 places	New Provision	Cost of Site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project Total	Nil £71,000 £5,500 £76,500 £231,500		(i) 1971/72 (ii) £13,100 (iii) 1972/3	Site owned by the Council.

SECTION II

STATISTICS

Report prepared by H. G. ANNELY
Chief Administrative Assistant

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1967)	109,350
Number of inhabited houses at 31.3.67	31,116
Rateable value of City at 31.3.67	£6,850,589
Product of a penny rate for 1966/67	£29,364

Total cost of all health services 1966/67:—

	Gross £	*Net* £
Public Health Services	50,704	46,313
Local Health Authority Services	317,612	270,723
Welfare Services	342,019	215,585
	£710,335	£532,621

In addition to the above, the City Council's share of the net expenditure of the City and County Joint Ambulance Committee in 1966/67 was £68,941.

	City of Oxford Average		*England and Wales*
	1967	1957-66	1967
Live births:—			
Number	1,687		832,000
Rate per 1000 population (recorded)	15.43	15.52	
Rate per 1000 population (as adjusted by comparability factor 0.94)	14.50		17.2
Illegitimate live births per cent of total live births	13.28	9.56	
Stillbirths:—			
Number	18		12,500
Rate per 1000 total live and stillbirths	10.56	13.94	14.8
Total live and stillbirths	1,705		844,500
Infant deaths (deaths under 1 year)	25		15,267
Infant mortality rates:—			
Total infant deaths per 1000 live births	14.82	17.63	18.3

	City of Oxford		*England*
		Average	*and Wales*
	1967	1957-66	1967
Legitimate infant deaths per 1000 legitimate live births	15.04	17.28	
Illegitimate infant deaths per 1000 illegitimate live births	13.39	18.60	
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births)	7.70	11.80	12.5
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	5.93	10.80	10.8
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	16.42	24.29	25.4
Maternal mortality (including abortion)			
Number of deaths	—		170
Rate per 1000 total live and stillbirths	—	0.28	0.20
Death rate per 1000 population (recorded)	9.68	10.21	
Death rate per 1000 population (as adjusted by comparability factor 0.95)	9.19		11.2
Death rate per 1000 population from:—			
(*a*) Diseases of the heart and circulatory system	3.32	3.62	
(*b*) Cancer (all forms)	2.28	1.92	
(*c*) Pneumonia, bronchitis and other diseases of the respiratory system	1.21	1.33	
(*d*) Tuberculosis (all forms) ..	—	0.05	
(*e*) Violence (including suicides) ..	0.48	0.55	

BIRTHS

Of the 4,686 notified live births, 1,608 were Oxford residents and 79 births to Oxford residents occurred outside the City, making a total of 1,687 births allocated to the City. Of these 1,463 were legitimate (759 male, 704 female) and 224 were illegitimate (133 male, 91 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) Notified Births

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	278	—	5	—
Notified by domiciliary midwives from .. General Practitioner Maternity Unit ..	245	2	171	—
Notified by Nuffield Maternity Home ..	594	9	2,088	48
Notified by Churchill Hospital	491	7	814	7
	1,608	18	3,078	55

(b) Registered Births

Total live births:—

Male	2,379
Female	2,211
	4,590
(Illegitimate	402)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	577	8	2,040	49
Born in Churchill Hospital	480	7	808	7
Born in General Practitioner Maternity Unit	230	2	167	—
Born in private houses	282	—	6	—
	1,569	17	3,021	56

It should be noted that live and stillbirth figures relate to occurrences in the calendar year under review instead of registrations as in previous years.

BIRTHS AND DEATHS IN THE CITY, 1923—1967

Year	Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncorrected No.	Net				of Non-residents registered in the District	of Residents not resigtered in the District	Under 1 year		At all ages	
			No.	Rate	No.	Rate			No.	Rate per 1000 Net Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1923	56,920	997	876	15,39	699	12.28	157	49	39	44.5	594	10.42
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
1929	*70,730 70,590	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
1930	*74,000 73,810	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
1931	*80,810 80,530	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
1933	83,410	1460	1140	13.67	1086	13.03	220	59	37	32.46	925	11.09
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45,00	866	10.09
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22,68	906	9.87
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
1942	104,600	3124	1615	15.41	1480	14.51	519	59	54	33.5	1020	9.75
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32,82	1094	10.53
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23,34	907	8.63
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23,32	980	9.17
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.50
1956	104,500	3034	1421	13,60	1727	16.53	681	34	28	19.70	1080	10.33
1957	104,400 † 104,230	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.96
1958	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.15
1959	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10.74
1960	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10.08
1961	106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10.01
1962	106,560	3966	1695	15.91	1893	17.76	788	57	28	16.92	1162	10.93
1962	107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	10.58
1964	108,880	4438	1872	17.19	1899	17.44	869	61	34	18.16	1091	10.02
1965	109,320	4553	1805	16.51	1994	18.24	1000	55	31	17.71	1049	9.60
1966	109,510	4636	1723	15.73	1988	18.15	934	51	28	16.25	1105	10.09
1967	109,350	4686	1687	15.43	1915	17.51	918	61	25	14.82	1058	9.68

* Population birth rate. City Extended 1st April 1929.

† Population birth and death rates. City Extended 1st April, 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1967

(Table of Registrar General)

Causes of Death	All ages	Under 4 weeks	4 wks. under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	1058	13	12	4	7	12	4	24	62	169	235	516
1. Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	—
2. Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	2	—	—	—	—	—	—	—	—	—	1	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	5	—	—	1	—	—	—	—	—	—	2	2
10. Malignant neoplasm, stomach	24	—	—	—	—	—	—	—	3	6	4	11
11. Malignant neoplasm, lung, bronchus	60	—	—	—	—	—	—	—	5	22	21	12
12. Malignant neoplasm, breast	27	—	—	—	—	1	—	1	7	4	6	8
13. Malignant neoplasm, uterus	11	—	—	—	—	—	—	1	2	1	2	5
14. Other malignant and lymphatic neoplasms	127	—	—	—	—	1	—	3	9	35	33	46
15. Leukaemia, aleukaemia	9	—	—	—	—	—	—	2	—	2	2	3
16. Diabetes	8	—	—	—	—	—	—	—	—	1	1	6
17. Vascular lesions of nervous system	120	—	—	—	1	1	1	1	2	12	25	77
18. Coronary disease, angina	236	—	—	—	—	—	—	2	17	41	60	116
19. Hypertension with heart disease	8	—	—	—	—	—	—	—	—	2	1	5
20. Other heart disease	80	—	—	—	1	—	—	—	1	6	14	58
21. Other circulatory disease	39	—	—	—	—	—	—	—	2	5	9	23
22. Influenza	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia	79	—	6	1	1	—	—	—	2	2	16	51
24. Bronchitis	41	1	1	—	—	—	—	—	1	7	10	21
25. Other diseases of respiratory system	12	—	1	—	—	—	—	—	1	1	2	7
26. Ulcer of stomach and duodenum	5	—	—	—	—	—	—	—	—	—	2	3
27. Gastritis, enteritis and diarrhoea	3	—	—	—	—	—	—	1	—	1	—	1
28. Nephritis and nephrosis	8	—	—	—	—	—	—	—	1	2	—	5
29. Hyperplasia of prostate	5	—	—	—	—	—	—	—	—	—	—	5
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	9	5	1	1	1	—	—	1	—	—	—	—
32. Other defined and ill-defined diseases	87	7	2	1	1	2	1	5	2	13	14	39
33. Motor vehicle accidents	14	—	—	—	—	3	—	3	1	4	1	2
34. All other accidents	24	—	1	—	2	2	1	2	3	1	3	9
35. Suicide	15	—	—	—	—	2	1	2	3	1	6	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceeding tables give a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,058 deaths (1,105 in 1966) 540 were male and 518 female.

For the first time ever recorded there were no deaths attributable to respiratory tuberculosis.

Deaths from cancer numbered 249 (all sites) compared with 217 in 1966. Deaths from cancer of the lung and bronchus numbered 60 (48 male and 12 female), an increase of 3 over the previous year.

No maternal death occurred and there were no deaths from measles, whooping cough or influenza.

Residents who Died in Institutions in Oxford

	1967
United Oxford Hospitals Group	539
Oxford Regional Hospital Board Group	7
Nursing Homes and other Institutions	14
Old People's Homes (Local Health Authority)	44
Old People's Homes (Private)	20
	*624

* = 33.5% of total deaths

Residents who Died away from Oxford

	1967
Regional Hospital Board Group	20
Institutions and Nursing Homes	20
Private Houses	18
Accidents, etc.	3
	61

Non-Residents who Died in Oxford

	1967
United Oxford Hospitals Group	826
Oxford Regional Hospital Board Group	6
Other Institutions and Nursing Homes	19
Private Houses	7
Accidents, etc.	60
	918

DEATHS FROM TUBERCULOSIS

Years 1948—1967

	Pulmonary							Non-Pulmonary						
	0–	1–	5–	15–	45–	65–	Total	0–	1–	5–	15–	45–	65–	Total
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2
1960	—	—	—	3	1	3	7	—	—	—	1	—	1	2
1961	—	—	—	—	3	2	5	—	—	—	—	—	—	—
1962	—	—	—	—	—	3	3	—	—	—	1	—	—	1
1963	—	—	—	1	2	4	7	—	—	—	—	1	1	2
1964	—	—	—	1	1	3	5	—	—	—	—	1	—	1
1965	—	—	—	1	—	1	2	—	—	—	—	1	—	1
1966	—	—	—	—	—	1	1	—	—	—	—	—	—	—
1967	—	—	—	—	—	—	—	—	—	—	—	—	—	—

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Uterus	11	5	6	8	8	4	5	8	5	7	7	11
Stomach—												
Male ..	15	18	13	13	17	21	13	17	16	10	8	17
Female ..	17	2	9	7	16	12	15	18	13	8	9	7
Lung, bronchus—												
Male ..	31	38	35	43	40	44	53	37	44	39	45	48
Female ..	8	11	2	7	6	11	9	8	18	13	12	12
Breast	18	17	17	27	17	27	21	22	21	12	19	27
All other sites—												
Male ..	48	53	49	43	56	48	60	52	52	49	57	76
Female ..	49	46	45	54	48	47	48	42	51	56	60	51
Totals ..	197	190	176	202	208	214	224	204	220	194	217	249

Age and sex distribution of Cancer deaths

	All ages	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Male	141	—	—	—	—	1	—	2	11	46	36	45
Female	108	—	—	—	—	1	—	3	15	22	30	37
Total	249	—	—	—	—	2	—	5	26	68	66	82

Analysis of deaths from cancer according to the site of the disease:—

MALE

	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Stomach ..	—	—	—	—	—	—	—	3	4	2	8
Lung, bronchus	—	—	—	—	—	—	—	3	19	17	9
All other sites	—	—	—	—	1	—	2	5	23	17	28
Total ..	—	—	—	—	1	—	2	11	46	36	45

FEMALE

	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Stomach ..	—	—	—	—	—	—	—	—	2	2	3
Lung, bronchus	—	—	—	—	—	—	—	2	3	4	3
Breast ..	—	—	—	—	1	—	1	7	4	6	8
Uterus ..	—	—	—	—	—	—	1	2	1	2	5
All other sites	—	—	—	—	—	—	1	4	12	16	18
Total ..	—	—	—	—	1	—	3	15	22	30	37

(b) MORBIDITY REPORT

(Dr. E. D. Acheson and Dr. E. Rang)
Oxford Record Linkage Study.

Sickness in Oxford County Borough Residents treated by hospital inpatient care 1962—1966

Estimates of the morbidity and mortality due to the communicable diseases have formed a familiar part of public health reports since their inception in the nineteenth century. Such data are generally derived from the notification of cases of the diseases in question by the doctor concerned to the medical officer of health. In order that effective preventive action can be taken where necessary, these notifications have been made mandatory either by statute or local regulation for many communicable diseases.

With the decline in the importance of the communicable diseases as a cause of illness it has become desirable to obtain information about the frequency of the other common causes of sickness and death in the community. As hardly any of these is notifiable, different methods of data collection are necessary. For conditions as fatal as are many types of malignant disease, mortality rates (the number of deaths ascribed to the disease in question divided by the population at risk) may provide a sufficiently accurate index of incidence. Mortality rates for carcinoma of the bronchus, breast, etc., have featured in the Oxford reports for a number of years. Other conditions, such as psychiatric illnesses, abortion and attempted poisoning by drugs cannot be studied adequately by mortality rates or notification rates, and require the collection of sickness records by new methods.

The tables which follow supply data about some of the dominant diseases of the day as they affect residents of Oxford County Borough. The data has been collected by the Oxford Record Linkage Study which is a unit within the Nuffield Department of Clinical Medicine of Oxford University, financed jointly by the Nuffield Foundation, Nuffield Provincial Hospitals Trust and the Ministry of Health. The methods of data collection and processing have been described elsewhere (Acheson E.D., 1964 Brit. J. Soc. Prev. Med. 188).

The objectives of the Study are to examine the feasibility and cost of abstracting information concerning important health events for all members of a defined population, and of organising cumulative personal and family files; to study the applications of the linked data to medical and operational research; and to develop computer methods of record linkage.

General points in interpretation of the data

The data shown in the tables which follow are restricted to episodes of hospital inpatient treatment experienced by persons giving an address

at the time of their admission to hospital within the boundaries of Oxford County Borough, and who were treated in National Health Service Hospitals within the Oxford Record Linkage Study Area (for the period 1962—1966 Oxford C.B.C., Oxford A.C. except Henley M.B. and R.D.; and Abingdon M.B. and R.D. in Berkshire). Thus patients treated as outpatients, at home, or in hospitals elsewhere, e.g. in London, are excluded. The numbers of cases given refer to episodes of treatment, not persons treated, which means that where a patient is discharged more than once for the same condition during the year concerned, he is counted more than once. A general discussion of the advantages and shortcomings of such data would be inappropriate here but can be obtained elsewhere. (Ministry of Health and General Register Office. Report on Hospital Inpatient Enquiry. H.M.S.O. 1961).

In addition to these general observations two particular points may be made. The completeness of the data collected from hospitals in the study area as a whole has been measured by comparing the number of records of discharges received with the number returned to the Ministry of Health, and is satisfactory as shown in Table 1.

TABLE 1

Numbers of Discharges from Hospitals other than Maternity and Convalescent hospitals within the O.R.L.S. Area compared with return of discharges on Form S.H.3 for years 1962—1966.

Years	Discharges	S.H.3. Reported Totals	% Discharges Ascertained
1962	*30,284	32,123	94.6
1963	35,164	36,629	96.0
1964	38,499	39,687	97.0
1965	40,115	41,575	96.5
1966	41,867	43,935	95.3

* Excluding N.O.C., as figures not available for residents outside O.R.L.S. area.

TABLE 1

The loss of cases due to hospitalisation of Oxford residents in hospitals outside the study area cannot be determined exactly, but is estimated at approximately 5%.

Discharge rates have been calculated on the basis of the annual estimates of the population of Oxford C.B.C. published by the General Register Office, distributed by sex and age from figures supplied by H. G. Annely, Chief Administrative Assistant.

Table 2

Number of discharges from hospital, and discharge rates, in each category of the International Classification of Diseases; Oxford C.B.C. residents, 1966, by sex.

I.C.D. Group Numbers	Diagnostic Groups	1966					
		Number of discharges			Discharge rate per 1,000		
		Males	Females	Persons	Males	Females	Persons
I.	Infective and Parasitic Diseases	(13) 146	(15) 103	(13) 249	2.64	1.90	2.27
II.	Neoplasms	(4) 461	(1) 571	(1) 1032	8.33	10.54	9.42
III. & IV.	Allergic, Endocrine, Nutritional and Metabolic: Blood Diseases.	(11) 161	(13) 203	(12) 364	2.91	3.75	3.32
V.	Psychiatric Illnesses.	(7) 302	(8) 289	(8) 591	5.46	5.33	5.40
VI.	Diseases of Nervous System and Sense Organs	(6) 391	(5) 428	(6) 819	7.07	7.90	7.48
VII.	Diseases of Circulatory System	(5) 416	(4) 435	(5) 851	7.52	8.03	7.77
VIII.	Diseases of Respiratory System	(2) 567	(7) 388	(4) 955	10.25	7.16	8.72
IX.	Diseases of Digestive System	(3) 524	(3) 441	(3) 965	9.47	8.14	8.81
X.	Diseases of Genito Urinary System	(8) 240	(2) 485	(7) 725	4.34	8.95	6.62
XI.	Complications of Pregnancy*	—	(12) 234	(14) 234	—	4.32	—
XII.	Diseases of Skin, etc.	(16) 63	(16) 61	(17) 124	1.14	1.13	1.13
XIII.	Diseases of Bones, etc.	(10) 214	(9) 263	(10) 477	3.87	4.85	4.36
XIV.	Congenital Malformations	(15) 87	(16) 61	(16) 148	1.57	1.13	1.35
XV.	Certain Diseases of Infancy	(17) 14	(18) 5	(18) 19	0.25	0.09	0.17
XVI.	Symptoms and Ill-defined Conditions	(9) 217	(10) 261	(9) 478	3.92	4.82	4.36
XVII.	Accidents and Violence	(1) 606	(6) 478	(2) 1018	10.95	7.60	9.30
	Poisoning	(14) 107	(14) 115	(15) 222	1.93	2.12	2.03
	Special examinations and aftercare	(12) 156	(11) 240	(11) 396	2.82	4.43	3.62
	Total	4672	4995	9667	84.44	92.19	86.14

* causing admission to non-obstetric beds—principally abortions

TABLE 2

All discharges from hospital for Oxford City residents (within the limits described above) in 1966 are represented in this Table. In order to give a broad overall view of the pattern of inpatient sickness, they have been broken down into great classes of disease according to the conventions of the International Classification of Diseases and Causes of Death. Absolute numbers and rates per thousand population are given for each sex separately and for both sexes. The numbers in brackets indicate the rank order of magnitude of each class in terms of number of discharges.

If both sexes are considered together, the five most frequent causes of admission in rank order are accidents and violence, respiratory diseases, digestive diseases, neoplasms and diseases of the nervous system and sense organs. This is the same rank order as that shown in a similar table for 1965. For males the sequence is the same except that circulatory disorders displace diseases of the nervous system in rank order 5. In 1965, the rank order for males showed nervous system diseases in rank order 4 instead of instead of neoplasms which were then placed 6th. In females neoplasms ranked first, followed by genito-urinary diseases, digestive diseases, circulatory diseases and diseases of the nervous system. This also shows a change from 1965 when rank orders three, four and five were diseases of the nervous system, respiratory diseases and digestive diseases.

To interpret this table correctly it is desirable to have some knowledge of the conventions of the International Classification. For example 38.1% of the discharges attributed to diseases of the respiratory system are cases of hypertrophy of the tonsils and adenoids admitted for tonsillectomy. Neoplasms include both benign and malignant growths and much of the difference between the sexes is due to admissions for the treatment of uterine fibroids in women.

This table does not take any account of the fatality or chronicity of the diseases in question. If, for example, the total number of bed days or the proportion of deaths suffered in each group were calculated, the rank order would be different.

Table 3

Discharge rates per thousand for each of the main diagnostic groups in 1966 for residents of Oxford C.B.C., both sexes together, by age.

I.C.D. Group Numbers	Diagnostic Groups	Age						Total
		0—4	5—9	10—19	20—49	50—69	70+	
I.	Infective and Parasitic Diseases 001—138 ..	(8) 3.1	(7) 3.0	(11) 1.5	(13) 2.6	(13) 1.8	(14) 2.1	(13) 2.3
II.	Neoplasms 140—239	(15) 0.6	(14) 0.6	(9) 1.8	(5) 5.7	(1) 18.1	(3) 33.1	(1) 9.4
III & IV	Allergic, Endocrine System, Metabolic and Nutritional Diseases, Diseases of the Blood and Blood Forming Organs 240—299	(8) 3.1	(10) 2.2	(10) 1.6	(14) 2.2	(12) 2.0	(7) 17.8	(12) 3.3
V.	Mental, Psychoneurotic and Personality Disorders 300—326	(14) 2.0	(11) 1.6	(6) 2.9	(2) 7.4	(10) 4.7	(11) 6.7	(8) 5.4
VI.	Diseases of the Nervous System and Sense Organs 330—398	(6) 7.0	(3) 7.6	(7) 2.2	(11) 3.2	(4) 10.1	(2) 33.9	(6) 7.5
VII.	Diseases of the Circulatory System 400—468 ..	(16) 0.3	(15) 0.2	(16) 0.5	(7) 4.0	(2) 14.4	(1) 35.4	(5) 7.8
VIII.	Diseases of the Respiratory System 470—527 ..	(1) 21.8	(1) 40.4	(4) 4.8	(9) 3.3	(9) 5.6	(5) 20.7	(4) 8.7
IX.	Diseases of the Digestive System 530—589 ..	(7) 6.5	(5) 5.2	(2) 5.2	(1) 7.6	(3) 11.2	(6) 20.2	(3) 8.8
X.	Diseases of the Genito-Urinary System 590—637	(5) 7.5	(8) 2.9	(8) 1.9	(4) 6.7	(5) 8.6	(8) 11.8	(7) 6.6
XI.	*Deliveries and Complications of Pregnancy, Childbirth and the Puerperium 640—689 ..	—	—	(12) 1.3	(6) 4.6	—	—	—
XII.	Diseases of the Skin and Cellular Tissue 690—716	(13) 2.1	(13) 1.0	(15) 0.8	(16) 0.7	(14) 1.4	(13) 2.4	(16) 1.1
XIII.	Diseases of the Bones and Organs of Movement 720—749	(11) 3.0	(9) 2.4	(5) 3.5	(9) 3.3	(7) 7.0	(12) 6.5	(9) 4.4
XIV.	Congenital Malformations 750—759	(4) 8.8	(4) 5.4	(13) 1.1	(17) 0.4	(16) 0.6	—	(15 1.4
XV.	Certain Diseases of Early Infancy 760—776 ..	(12) 2.6	—	(18) 0.1	—	—	—	(17) 0.2
XVI.	Symptoms, Senility, and Ill-defined Conditions 780—795	(8) 3.1	(6) 3.2	(3) 4.9	(8) 3.9	(11) 4.5	(10) 7.0	(9) 4.4
XVII.	Accidents, and Violence (*a*) 980—999, 800—959	(2) 13.2	(2) 11.9	(1) 11.0	(3) 6.8	(6) 7.1	(4) 21.1	(2) 9.3
	Poisoning .. (*b*) 960—979	(3) 10.7	(12) 1.1	(13) 1.1	(15) 2.0	(15) 0.7	(15) 1.2	(14) 2.0
	Miscellaneous Y00—Y10	(16) 0.3	—	(17) 0.2	(12) 2.9	(8) 6.7	(9) 10.3	(11) 3.6
	Total	95.7	88.7	46.4	67.3	104.5	230.2	86.2

*causing admission to non-obstetric beds—principally abortions.

7 Persons not included (age not stated) Figures in brackets indicate rank order.

TABLE 3

As in the previous table the rank order of importance of the various disease groups is shown by the figures in brackets. Thus by looking down each column one can see at a glance the relative importance of the various disease groups as causes of admission at each age. Thus in infancy diseases of the respiratory system (again there is a substantial contribution (35.9%) of cases of hypertrophy of the tonsils and adenoids) rank first, followed by accidents (2), poisoning (3), congenital malformations (4) and diseases of the genito-urinary system (5). In other groups the high ranking of digestive disorders (1) and accidents (2) in young adults; of neoplasms, circulatory and nervous diseases in the middle aged and elderly; and the universal low ranking of infective diseases are particularly noteworthy. When these figures are compared with those of 1965 the main changes are the considerable increase in admissions for congenital malformations in the first two age groups (almost double for infancy and more than double for young children), for diseases of the circulatory system in all the adult age groups and for neoplasms in the middle aged and elderly groups.

As the number of persons in the population in the different age groups varies, discharge rates per thousand have been calculated to permit an assessment of the relative risk of being admitted in the various age groups. For example, if one observes the row of figures relating to poisoning, it becomes apparent that the risk of being admitted in infancy for poisoning (10.7 per 1,000) is more than five times greater than in any of the other age groups. Similarly, one can see the pattern of relative risk by age for the other diagnostic groups by looking along the appropriate row of figures. Perhaps the most surprising finding is that the highest risk of admission for an injury due to an accident or violence is in persons seventy years of age or more, followed by infants under five years of age. The bottom row shows discharge rates for all conditions combined by age and displays the familiar U-shaped curve. Approximately 1 : 10 of infants and 1 : 4 of the aged living in the city were discharged from hospital in 1966.

Table 4

Discharge rates for selected conditions by year, 1962—1966, for residents of Oxford C.B.C. by sex.

Diagnostic Groups	I.S.C. Codes	Males					Females					Persons				
		1962	1963	1964	1965	1966	1962	1963	1964	1965	1966	1962	1963	1964	1965	1966
Respiratory Tuberculosis	001—008	1·02	1·04	1·30	0·74	0·63	0·24	0·43	0·50	0·31	0·42	0·64	0·74	0·90	0·53	0·53
Tuberculosis, other forms	010—019	0·17	0·35	0·26	0·16	0·11	0·24	0·45	0·18	0·24	0·39	0·21	0·40	0·22	0·20	0·25
All Tuberculosis	001—019	1·19	1·39	1·56	0·90	0·74	0·48	0·88	0·68	0·55	0·81	0·85	1·14	1·12	0·73	0·78
Whooping Cough	056	—	—	0·13	0·13	—	—	0·04	0·13	0·04	0·02	—	0·02	0·13	0·08	0·01
Measles	085	0·03	0·22	0·04	0·29	0·11	0·04	0·06	0·94	0·33	0·02	0·04	0·14	0·05	0·31	0·06
Infectious Hepatitis	092	0·06	0·06	0·16	0·13	0·20	0·09	—	0·02	0·04	0·07	0·08	0·03	0·09	0·08	0·14
Infectious Mononucleosis	093	0·30	0·41	0·27	0·22	0·41	0·19	0·06	0·09	0·06	0·07	0·24	0·23	0·18	0·14	0·25
Cancer, bronchus	162	1·19	1·11	1·11	1·18	1·83*	0·13	0·32	0·31	0·29	0·20	0·67	0·72	0·72	0·74	1·02*
Cancer, breast	170	—	0·02	—	0·04	0·02	1·25	1·33	1·40	1·20	1·38	0·62	0·67	0·70	·061	0·69
Cancer, cervix	171	—	—	—	—	—	0·74	0·56	0·63	0·68	0·90	—	—	—	—	—
Diabetes Mellitus	260	0·45	0·70	0·66	0·93	0·61	0·66	0·84	0·83	1·16	1·13	0·55	0·77	0·74	1·04	0·87
Depression, all forms	301, 302 314, 790.2	1·88	2·04	1·85	1·77	2·13	2·43	2·70	2·79	2·78	2·73	2·16	2·37	2·31	2·27	2·43
Schizophrenia; paranoia	300, 303	1·31	1·04	1·17	1·24	1·17	0·83	0·96	0·87	1·16	1·50	1·07	1·00	1·02	1·20	1·33
Senile presenile and other psychoses	304–306	0·41	0·41	0·38	0·36	0·31†	0·64	0·54	0·41	0·61	0·61	0·52	0·48	0·39	0·48	0·46
Psychoneuroses other than depression	308, 309 310–318 Ex..314	0·67	0·67	0·55	0·49	0·40†	0·64	0·43	0·57	0·50	0·41	0·66	0·55	0·56	0·49	0·40†
Alcoholism and alcoholic psychosis	307, 322	0·37	0·52	0·38	0·62	0·56	0·23	0·11	0·17	0·17	0·13	0·30	0·31	0·28	0·39	0·35
Drug addiction other than alcohol	323	0·02	0·02	0·05	0·09	0·09*	—	0·02	0·02	0·06	0·06	0·01	0·02	0·04	0·07	0·07*
Other disorders of character	320, 321 324, 325, 326	0·60	0·61	1·04	1·31	1·43*	0·28	0·56	0·65	0·72	0·90*	0·44	0·59	0·84	1·02	1·17*
All Psychiatric Conditions	300–326	5·26	5·31	5·42	5·88	6·09*	5·05	5·33	5·48	6·00	6·33*	5·16	5·32	5·44	5·92	6·21*

Diagnostic Groups	I.S.C. Codes	Males					Females					Persons				
		1962	1963	1964	1965	1966	1962	1963	1964	1965	1966	1962	1963	1964	1965	1966
Vascular lesions CNS	330–334	0·93	1·00	1·24	1·09	1·23	2·06	1·84	1·49	1·53	1·37	1·49	1·42	1·37	1·31	1·30†
Rheumatic Fever and Chorea	400–402	—	0·06	0·02	0·05	0·02	0·06	0·06	0·04	0·02	0·02	0·03	0·06	0·03	0.04	0·02
Chronic Rheumatic Heart Disease	410–416	0·22	0·28	0·31	0·15	0·23	0·36	0·28	0·39	0·48	0·42	0·29	0·28	0·35	0·31	0·33
Coronary Disease	420·1	1·74	1·93	1·90	2·09	2·30*	1·06	0·97	1·07	1·60	2·03*	1·40	1·46	1·49	1·85	2.16*
Other Arteriosclerotic and Degenerative Heart Disease	420–422 Ex 420·1	0·13	0·17	0·31	0·58	0·42	0·15	0·38	0·13	0·24	0·33	0·14	0·27	0·22	0·41	0·37
All Arteriosclerotic and Degenerative Heart Disease	420–422	1·87	2·10	2·21	2·67	2·71*	1·21	1·35	1·20	1·84	2·36*	1·54	1·73	1·71	2·26	2.54*
Bronchitis	500–502	1·36	2·01	1·94	2·37	2·46	0·70	1·05	0·87	1·07	1·02	1·03	1·53	1·41	1·72	1·74*
Abortion	650–652	—	—	—	—	—	2·36	2·16	2·14	2·74	3·30	—	—	—	—	—
Phlebitis and Thrombo-phlebitis	463–464	0·04	0·02	—	0·02	0·02	—	0·04	—	0·02	0·02	0·02	0·03	—	0·02	0·02
Pulmonary Embolism	§ 465*	0·67	0·72	0·78	0·42	0·70	0·68	0·90	0·70	0·72	0·96	0·68	0·81	0·74	0·57	0·81
Peptic Ulcer	540–542	1·31	1·21	1·15	1·33	1·37	0·64	0·39	0·35	0·44	0·48	0·98	0·80	0·75	0·89	0·93
Fractured Skull, Spine or Trunk	800–809	1·10	1·04	1·10	1·36	1·07	0·43	0·67	0·48	0·68	0·50	0·77	0·86	0·79	1·02	0·79
Fractured Upper Limb	810–819	0·54	0·56	0·66	0·58	0·69	0·19	0·41	0·41	0·42	0·33	0·36	0·49	0·53	0·50	0·51
Fractured neck of femur	820	0·28	0·22	0·24	0·29	0·29	1·38	1·03	0·78	0·99	1·38	0·82	0·62	0·50	0·64	0·93
Other Fractured lower limb	821–829	0·97	0·98	1·24	1·35	1·39*	0·58	0·83	0·79	0·97	1·13	0·78	0·90	1·02	1·16	1·26*
Head Injuries without concussion	850–851 853–856	0·75	0·69	0·47	1·18	1·63	0·43	0·19	0·24	0·48	0·78	0·59	0·44	0·36	0·83	1·21
Concussion	852	3·85	5·46	4·57	4·84	3·29	1·96	2·29	2·29	2·23	1·73	2·91	3·88	3·43	3·54	2·52
Other Injuries	830–849 860–936 950–959	2·05	1·24	1·72	2·09	1·70	0·94	0·83	0·92	0·96	1·14	1·50	1·04	1·32	1·53	1·42
Burns	940–949	0·26	0·33	0·40	0·45	0·52*	0·19	0·36	0·35	0·24	0·17	0·23	0·35	0·38	0·35	0·35
All Trauma	800–949	9·80	10·52	10·40	12·14	10·57	6·10	6·61	6·26	6·97	7·16*	7·96	8·58	8·33	9·57	8·89
Poisoning by C.O.	969	0·04	0·04	0·02	0·05	0·02	0·08	0·17	0·06	0·06	—	0·06	0·10	0·04	0·05	0·01
,, barbiturates	971	0·21	0·20	0·27	0·21	0·38*	0·49	0·60	0·59	0·48	0·61	0·35	0·40	0·43	0·39	0·49
,, aspirin	972	0·13	0·06	0·27	0·20	0·33	0·19	0·37	0·39	0·37	0·44	0·16	0·21	0·33	0·28	0·38
,, other analgesics	974	0·04	0·06	0·13	0·07	0·16	0·17	0·15	0·17	0·16	0·22	0·10	0·10	0·15	0·12	0·19
,, other drugs	960–979 Ex 969, 971 972, 974	0·28	0·57	0·46	0·93	1·05*	0·47	0·39	0·68	0·83	0·84*	0·38	0·49	0·57	0·88	0·95*
All Poisonings	960–979	0·70	0·93	1·15	1·56	1·93*	1·40	1·68	1·89	1·90	2·12*	1·05	1·30	1·52	1·72	2·03*
		25·38	28·07	28·56	31·50	31·27	24·20	25·78	24·94	28·08	30·18	23·28	25·58	25·38	28·06	28·65

§ Whether recorded as principle or secondary diagnosis

*Upward trend.

†Downward trend.

Table 4

This table serves two purposes. It gives discharge rates for certain selected conditions of interest for each sex. It also shows trends with time over the last 5 years. Conditions manifesting a consistent upward or downward trend are marked with an asterisk or a sword respectively.

When the discharge rates for all selected conditions together are considered (the bottom line of the Table), 1966 is the first year that males have shown a slight decrease. Females have shown some fluctuation but both sexes together have consistently shown an increase.

In males, upward trends in the discharge rates are seen for carcinoma of the bronchus; disorders of character, and all psychiatric conditions taken together; arteriosclerotic heart disease whether specified as involving the coronary arteries or not; fractures of the lower limbs and all trauma taken together; a substantial rise each year is shown in poisonings. An upward trend was also seen for drug addiction and for barbiturate poisoning though the numbers involved are very small. The discharge rates decreased slightly for senile and pre-senile psychoses and psychoneuroses other than depression.

In females the discharge rates for arteriosclerotic disease whether involving the coronary arteries or not, other disorders of character and all psychiatric conditions together increased substantially. The rise in arteriosclerotic diseases of the heart in women in 1966 is particularly noteworthy. 1965 and 1966 have shown a marked rise in abortions. Carcinoma of bronchus has shown a downward trend since 1963 in contrast with that of males.

When both sexes are considered together a few trends not seen in one or other sex becomes apparent. A decline is seen for vascular lesions of the nervous system and concussion. Substantial upward trends are seen for bronchitis, carcinoma of the bronchus and other fractures of the lower limbs.

SECTION III

GENERAL HEALTH SERVICES

(a) FLUORIDATION

Unfortunately, there is no progress to report with regard to fluoridation.

(b) HEALTH CENTRES

The following account of health centre provision in Oxford was prepared for use at the time of the official opening ceremony of the East Oxford and Summertown Centres.

By John F. Warin, M.D., D.P.H.
Medical Officer of Health, City of Oxford

Three health centres are now functioning in Oxford. The Blackbird Leys Centre, which opened on 2nd May, 1960, was No. 11 on the Ministry of Health list. East Oxford came into operation on the 14th August, 1967 (No. 35), and with the opening of the Summertown Centre on the 21st August, 1967 (No. 36 on the Ministry list) Oxford became the first County Borough to have three health centres actually functioning. The two latter centres were officially opened by the Minister of Health on 14th December, 1967, and it is thought that a brief description of all three centres, each of which has very different characteristics, might be of general interest.

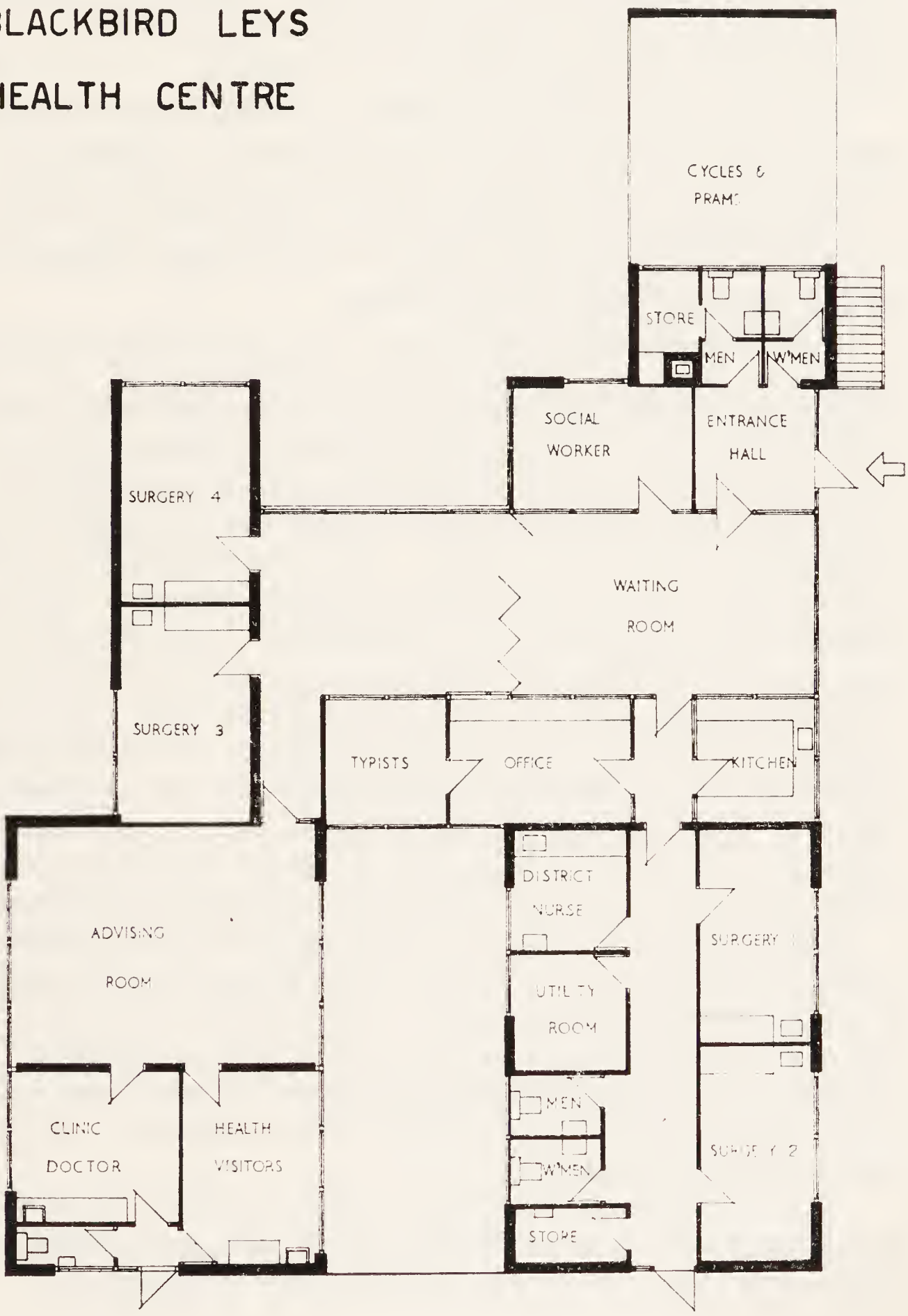
(1) Blackbird Leys Health Centre

This was planned to serve a new local authority housing estate of 5,000 population to be built on the south-east outskirts of the City in the vicinity of the large Morris Motors/Pressed Steel factories. It was considered that perhaps half the new inhabitants would have moved out from other parts of Oxford and would wish to retain their existing general practitioners, whilst the other half would come from further afield and would need a new doctor. The centre was, therefore, designed to have two surgeries, one as a main surgery and the other to be shared as a branch surgery.

It was a difficult problem to decide at what stage in the development of the estate the health centre should become operative. The need was there from the occupation of the first house, but economically there must be a reasonable number of potential patients to justify staffing such a centre. The centre was in fact opened when there was a population of about 1,000.

The Blackbird Leys Centre was the first public building of any description to be erected on the estate and for a time was also used for some non-medical purposes, which included the holding of Sunday services by both the Church of England and Roman Catholics, an early example of the current ecumenical movement.

PLAN 1



GENERAL PLAN. SCALE:- 8' TO 1"

Soon after the health centre opened, housing policy changed and it was decided to double the size of the estate to 10,000 population. This was disconcerting because, clearly, the centre as planned would be inadequate to cater for the needs of the enlarged estate and the possibility of an extension had never been contemplated. However, in the event it proved possible to plan a suitable extension and this came into use in March, 1966. Plan 1 shows the centre as it now is.

The extension consisted of enlarging the original clinic doctors' and health visitors' rooms to make two more surgeries; enlarging the office; adding a room for social workers; and building new clinic facilities.

A partnership of two doctors uses the centre as its main surgery, and five other partnerships use the centre as a branch surgery, holding, between them, a total of 13 weekly surgery sessions.

From the beginning, there was a very close working relationship between the general practitioners and local authority staff. This rapidly progressed towards integration and a practical example of the concept of the domiciliary team. The general practitioners undertake all ante-natal clinic work with the appropriate domiciliary midwife in attendance. Four weekly child health clinics are held, of which three are taken by general practitioners for their own patients. These are recognized as LA clinics and the doctor receives the recognized sessional payment. Some school medical work is undertaken by the practitioners. A district nurse attends daily and the attached health visitors are accommodated at the centre. Various categories of social worker attend the centre at set times or by request. Weekly family planning sessions are held. The clerk/receptionist staff of three are operating an appointments system for the general practitioners. Without going into further detail, enough has probably been said to demonstrate that this centre is providing a comprehensive medico-social service for a new estate which is now approaching completion.

Some parts of the design of this centre can now be criticised, but, bearing in mind that it was a pioneer effort designed over ten years ago, it has worked out remarkably well. It has given us all most valuable experience of health centre practice, and it is perhaps significant that no less than four of the five partnerships using the centre as a branch surgery have requested the provision of health centres elsewhere in the City for use as main surgery premises.

The original cost of the building, including purchase of site, provision of equipment and layout of grounds and car park, was £15,850, and the cost of the extension was £9,500 including £500 for equipment.

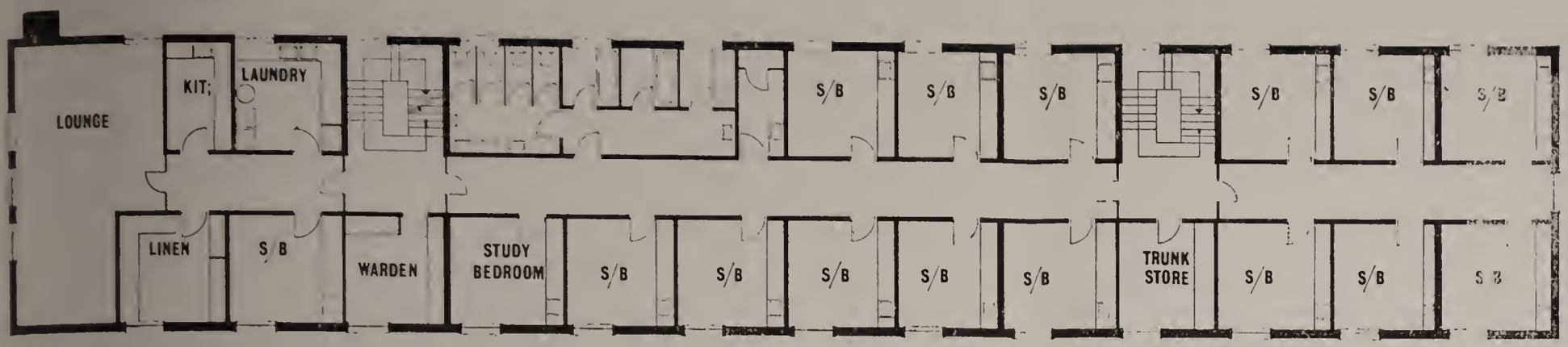
(2) East Oxford Health Centre

In 1964, it was necessary to plan for a new headquarters and hostel for the district nursing and domiciliary midwifery services. A very suitable site was available on land fronting Cowley Road Hospital. As there were old, dilapidated and unsuitable clinic premises in use very near to

PLAN 2

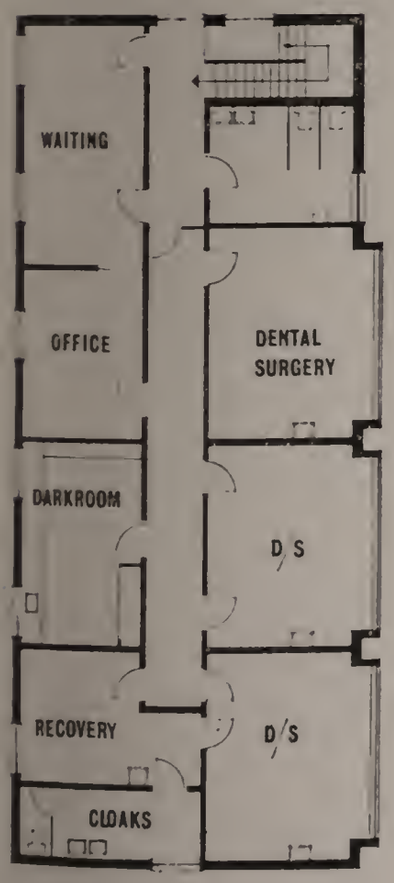
City of Oxford
East Oxford Health Centre

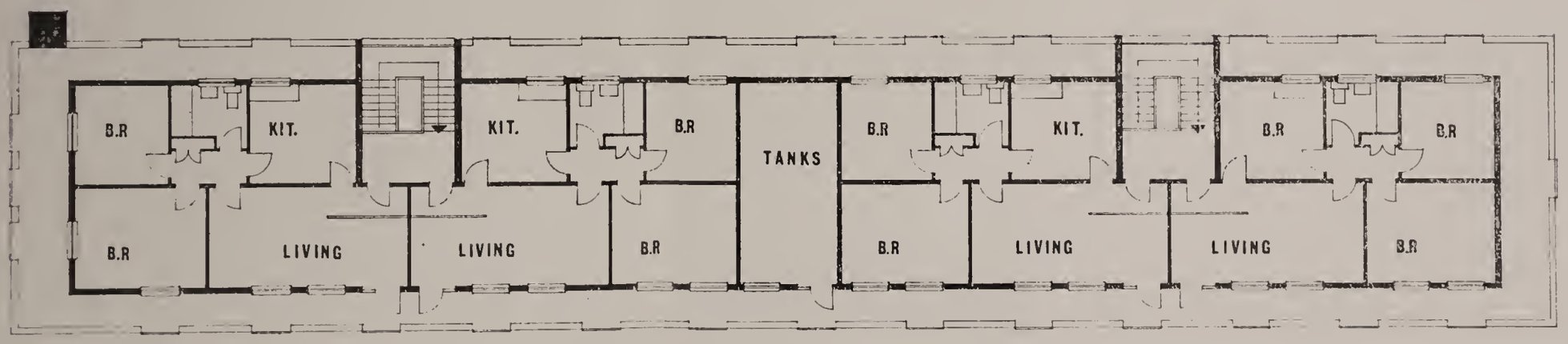
Plan 2



first floor

10 0 5 10 20 30 40 ft





second floor

10 0 5 10 20 30 40 ft

EAST OXFORD HEALTH CENTRE

this site, it seemed sensible to include a new clinic in the new building. The opportunity was therefore taken to circularize all the general practitioners to ascertain whether there was any interest in the possible provision of a health centre rather than a clinic on this site. In response, four partnerships, all with main surgery premises in the area, expressed interest, but two of these subsequently withdrew because the senior partner in each case was not as enthusiastic as his junior partner. However, two partnerships, one of four doctors and the other of three, agreed to go ahead with the health centre project and this was designed with their full co-operation and according to their wishes. Both these partnerships had already had experience of using the Blackbird Leys Health Centre for branch surgery purposes. Each partnership wished to have a self-contained suite including their own practice waiting room and office accommodation. At the time the plans were finalized, the partnership of four decided to withdraw, which was most disappointing. However, the Health Committee decided to go ahead with the project as planned in the hope that the vacant accommodation would be taken up sooner or later. In the event, a request was received from a partnership of two as the building was nearing completion. Whilst this was very much welcomed, it did give rise to some difficulties because the two doctors concerned had very definite views as to what they wanted and at this late stage it was not easy to meet all their requirements.

Plan 2 shows the general practitioner part of the health centre. Leading off from this on one side is the part of the building with a clinic on the ground floor and the local authority dental headquarters and clinic on the first floor. Leading off, on the other side is a three-storey block housing the district nursing and domiciliary midwifery services.

This health centre serves one of the older parts of Oxford in which very little new building is contemplated. The two partnerships now practising from the centre have given up their former surgery premises in the vicinity.

In the short time since the centre opened, there have already been requests for additional surgery accommodation and an extension will be necessary, but in this case, the possibility had been anticipated and land is available for this purpose.

As at Blackbird Leys, the local authority and general practitioner services are already very closely integrated. Both partnerships were, of course, already involved in the GP/nursing staff attachment scheme which was completed in Oxford in March, 1965, but, as their former surgery premises were inadequate to accommodate the practice health visitors, district nurses and midwives, it is only since the move into the health centre that they have been able to appreciate the great advantage of the whole practice team working at and from the same building. All the antenatal clinic work is done by general practitioners with the help of attached midwives. Each partnership is running its own weekly practice child health clinic which is recognised as a LA clinic and sessional payment

made to the doctor taking the clinic. A third weekly child health clinic is taken by a local authority doctor and caters for all those living in the neighbourhood and who are not on the lists of either of the two partnerships practising from the centre. Other health centre activities include cervical cytology, school medical sessions, health education, and a very flourishing play-group.

The treatment room is being put to good use not only for nursing procedures but by the doctors who are undertaking minor surgery, assisted by one of their number who is a skilled anaesthetist. This room was staffed initially by the attached district nurses but within a month it was clear that this was unsatisfactory, as there was too little time left for them to undertake their home visits. Accordingly, two part-time surgery nurses are now in post covering between them 28 hours a week, which is shortly to be increased by a further seven hours a week.

Both partnerships have operated an appointments system from the opening of the centre.

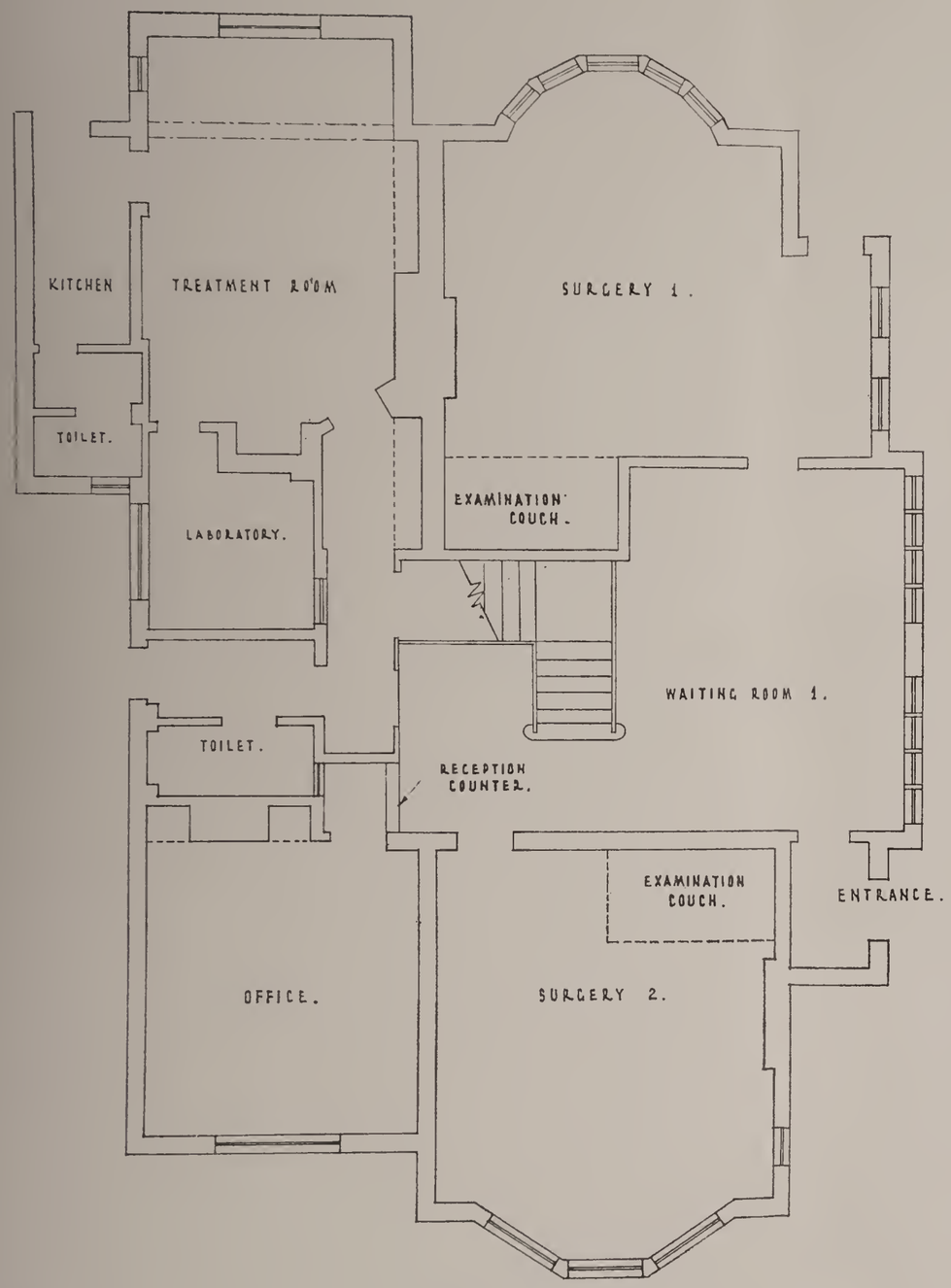
Each partnership has its own office accommodation; one has chosen to be responsible for the appointment and direct payment of their own office staff, whilst the other asked the local authority to provide this.

The total cost of the whole building, including site and furniture and equipment, was £147,000. This can be broken down into £28,000 for the cost of the general practitioner part of the centre; £26,000 for the clinic and dental part of the building, and £93,000 for the headquarters and residential accommodation for the domiciliary nurses and midwives, including pupils.

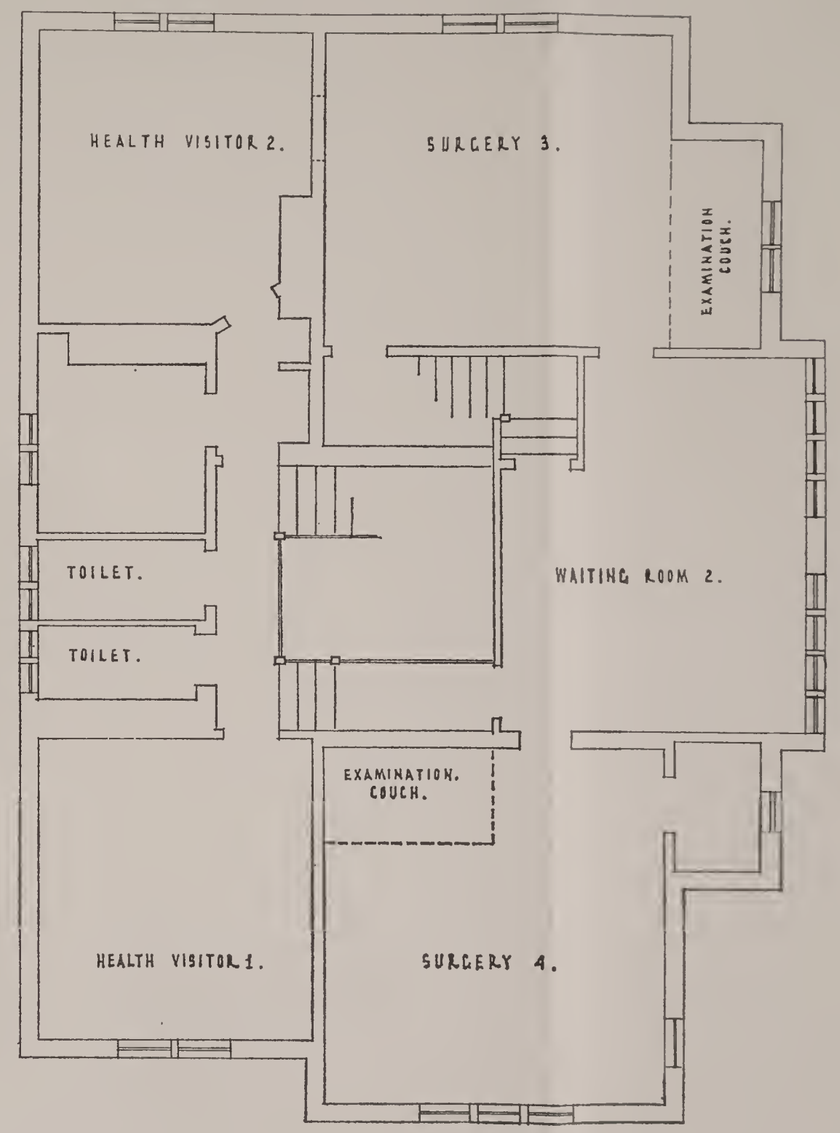
(3) Summertown Health Centre

About three years ago, two partnerships, each with surgery premises in the traditional University area of the City, requested the provision of a health centre. A suitable site zoned for municipal purposes exists but unfortunately will not become available for a few years. An energetic hunt was, therefore, made for another possible site on which to build, or for an existing building suitable for conversion. Available vacant sites in this area of the City are few and far between and the existing buildings which came on the market were most unsuitable. This frustrating search, which went on for two years, came to an unexpected but very successful conclusion when 160 Banbury Road became available. This is a well-built three-storey house on the corner of the main Banbury Road and Marston Ferry Road, which is shortly to be developed into an important link road between North Oxford and Headington. This was, therefore, an ideal site for a health centre. The house had been in use by an independent school and had been returned to the City in excellent condition. It clearly lent itself for the proposed use as a health centre without any major alterations.

Unfortunately, one of the two partnerships had a time limit on their existing surgery premises and, having found alternative accommodation



GROUND FLOOR PLAN.



FIRST FLOOR PLAN.

BASIL J WRATTEN. F.R.I.C.S.
CITY ESTATES SURVEYOR.
CITY CHAMBERS. QUEEN ST.
OXFORD 49811

SUMMERTOWN HEALTH CENTRE.

SURGERY, SUMMERTOWN HEALTH CENTRE

SUMMERTOWN HEALTH CENTRE

just before 160 Banbury Road became available, withdrew from the health centre scheme. The remaining partnership has been accommodated satisfactorily in the health centre along with their attached nursing staff, as shown on Plan 3.

Both the practice antenatal and child health clinics are now held at the health centre with the assistance of the practice midwives and health visitors. The attached practice district nurses who attend twice daily have so far managed to staff the treatment room adequately.

The local authority employ the office staff who are now running an appointments system for the practice.

The second floor of the building comprises a caretaker's flat. An area of the small but pleasant garden has been concreted to make a staff car park.

The total cost of adaptations and equipment was £5,427.

(4) Use of Clinic Premises by General Practitioners

This account of health centres in Oxford would be incomplete without reference to the use of other local authority premises for branch surgery purposes.

(a) Northway Estate Clinic Premises

As the result of a request from a practitioner, it was agreed in March, 1955, that the newly-erected purpose-built clinic premises on this estate should also be made available for branch surgery purposes. Such joint use was very much welcomed at the time and has been in operation for the last 13 years. This must have been one of the earliest examples of the sensible and economic arrangement of sharing accommodation wherever possible. At the present time, there are two practices using the clinic premises for four surgery sessions a week. The building lent itself to this use without any structural alteration.

(b) Minchery Farm Surgery Premises

This was a unique venture arising out of a request from the residents of a small Oxford housing estate situated outside the City boundary to have a resident doctor. As all the inhabitants of the estate were already on the lists of City practitioners, it was considered that branch surgery premises on the estate would best meet the situation. The City Council Housing Committee, therefore, agreed to build small surgery premises as part of the amenities of the estate. The original idea was to provide a surgery on the ground floor of one of a row of shops about to be built, but in the end a separate building was erected at the end of the row of shops. Two surgeries were provided, together with a small waiting room and toilet accommodation.

No attempt was made to provide clinic facilities because the estate was served in this respect by Oxfordshire County Council.

When the building opened in January, 1958, 14 weekly surgery sessions were held, but this number has slowly but steadily been reduced and now only two practices hold a total of three weekly surgery sessions.

(c) South Oxford Clinic

An extension to a disused slipper bath building in 1964 made it suitable not only for clinic purposes but also for use as a branch surgery. One practice has held two surgery sessions a week in the clinic since January, 1966.

(5) Future Health Centre Provision

There is now such a demand for health centres in Oxford that it is impossible to meet all requests as quickly as would be wished. The finding of suitable sites is increasingly difficult, which is rather ironical because in 1948, when there was no professional interest in health centres, good sites were available and were earmarked for this purpose. Such sites were retained for many years but in most cases have had to be given up for other urgent purposes. Finance is also proving to be a delaying factor because, with an increasingly tight budget, the capital programme is having to be phased out over a larger number of years.

However, two more health centres are planned for 1968-69. The Jericho Centre, which will serve one of the oldest districts of the City, will occupy the ground floor and part of the first floor of a purpose-built building also incorporating a number of flats. It will provide main surgery accommodation for three practices comprising seven doctors. The West Oxford Centre will result from an extension to an existing old school building now used as a Community Centre. The extended building will provide better local authority clinic facilities as well as a branch surgery for one practice.

In the Cowley area, a good site is available and discussions have taken place with the three partnerships concerned, all of whom are very interested but, at the moment, unwilling to commit themselves.

In the Headington area, all the practices concerned have asked for a health centre and it is hoped that this can be built within three to five years in the grounds of the new teaching hospital.

When all these schemes come to fruition, there will be very few practices in the City not working in health centres. At the present time, twelve practices (30 doctors) out of twenty-five practices (59 doctors) in the City, are working in health centres or local authority clinic premises, either wholly or partially.

(6) Some General Observations

(a) Committee Procedure

In 1957, when the first health centre to serve the Blackbird Leys estate was under consideration, a Health Centres Joint Sub-Committee

comprising two representatives each from the Executive Council, Local Medical Committee and Health Committee was constituted. This small but influential Committee has only needed to meet infrequently but has been invaluable.

Following the opening of each health centre, staff meetings have been held as often as necessary. Acceptable channels of communication between each health centre and the Health Department have been agreed at medical, nursing and administrative levels. Although staff meetings at the Blackbird Leys Health Centre were held fairly regularly for a year or two after its opening, there has been no need for such a meeting during the last five years.

(*b*) *Facilities provided*

The facilities to be provided at a health centre will vary a good deal from area to area depending on many factors. Clearly in Oxford with its large teaching hospital there is no need whatsoever for any hospital activity to be duplicated in any health centre in the City.

Similarly in a City reasonably well-catered for by existing chemists' shops there would seem to be little point in including pharmaceutical services in any of our health centres.

Oxford is well-endowed with general dental practitioners, and so far there has been no request for any such facility at health centres.

The Local Dental and Local Pharmaceutical Committees are nevertheless kept well-informed about proposed developments.

(*c*) *Current Interest*

The general interest in health centres recently shown by general practitioners in the City is probably due to many factors but there are perhaps two of particular significance. Firstly, the Blackbird Leys Health Centre was one of the earliest in the country, and has now been in operation for 8 years and has given us all valuable experience. Secondly, the success of the GP/nursing staff attachment scheme has led to a realization that, in order to function at its optimum level, the domiciliary team should be housed in the same premises, something which was rarely possible in existing general practitioner surgery accommodation.

Conclusion

It has long been felt that the general practitioner and local authority services, which are complementary to each other, should as far as possible amalgamate to form a community health service. Goodwill towards this end has long existed in Oxford. The success of the GP/nursing staff attachment scheme furthered the aim, and the provision of health centres is playing another important role towards complete integration. The support of the Executive Council has always been forthcoming and, in

particular, tribute should be paid to Dr. Colin Cooke who has been Chairman since the inception of the Committee in 1948. The Local Medical Committee have also been most helpful, particularly Dr. A. W. Henderson, now practising from the Summertown Health Centre, who was Secretary from 1948 to 1963, and Dr. H. D. Leggatt, who succeeded him and who is now practising from the East Oxford Health Centre.

The text of the speech made by the Rt. Hon. Kenneth Robinson, M.P., Minister of Health, when performing the official opening of East Oxford and Summertown Health Centres on the 14th December, 1967, is also included as a record of this happy occasion.

Speech by the Minister of Health, the Rt. Hon. Kenneth Robinson, M.P., at the Opening Ceremonies of the East Oxford (Cowley Road) and Summertown (Banbury Road) Health Centres. Oxford, 14th December, 1967.

It is always a pleasure to visit Oxford, and it is always a pleasure to open a health centre. But an invitation to Oxford to open two health centres in one day is indeed a privilege and one which has never before been afforded to any Minister of Health.

To me one of the most welcome developments in the National Health Service since I became Minister has been the remarkable growth of interest in health centres. Until the end of 1964, only 21 health centres had been built in the whole of England and Wales since the start of the National Health Service. This works out at little more than one a year since 1948. These were not by any means the numbers expected by those who had looked to health centres to make a significant contribution to the development of the Health Service. I do not propose to speculate today as to why progress should have been so disappointingly slow. But, I am glad to say, there are now clear signs that the position has changed. Since the beginning of 1965, 23 centres have been built, 38 are under construction, 50 more have been approved and the plans for a further 71 are being considered. Translated into money terms, this trend is equally demonstrable. For the ten financial years before 1965 loan sanction for health centres averaged about £70,000 per year. In 1965/66 the total rose to £340,000 and last year it amounted to £1 million. This year it may well be about £2 million.

The latest revision of the Ten Year Plans of local health authorities envisages that nearly 300 health centres will be provided by 1976 compared with only 68 forecast by 1974 in the previous Plan. Even the latest ten-year plans were prepared two years ago, and in the changed climate of opinion today the demand for health centres has without doubt still further increased. Speaking to the Royal Society of Health at Eastbourne earlier this year I said that I did not think that I was being unduly optimistic in forecasting that we might well have more than 100 health

EAST OXFORD HEALTH CENTRE

OFFICIAL OPENING BY THE MINISTER OF HEALTH

centres functioning in England and Wales within the next three years and 4 or 5 times that number within 10 years. This forecast surprised many observers at the time but the evidence now to hand from local health authorities' recent estimates for the next three financial years suggests that my optimism was well founded.

Oxford has played a noteworthy part, and I am sure will continue to do so, in the developnent of health centres. To the successful experiment of Blackbird Leys you have now added two more centres. The purpose-built premises here at Cowley Road are indeed magnificent containing, as they do, excellent facilities not only for family doctors but for district nurses and midwives. The Summertown Health Centre at Banbury Road is an adaptation and therefore quite different, but it will, I understand, be eventually replaced by purpose-built premises. All the same the City is to be congratulated on seizing the opportunity to promote the growth of general medical care by adapting an existing building in such a skilful and pleasant way.

Oxford has the distinction of being the first county borough in England to have three operational health centres. This is a fine achievement, well in keeping with the City's reputation as one of the most progressive public health authorities. This reputation is well deserved and reflects great credit on the Health Committee and the Medical Officer of Health, Dr. Warin.

Oxford is not only a leader in the provision of health centres. It has also achieved fame in having demonstrated the feasibility and the desirability of attaching nursing staff to work.in close co-operation with family doctors. These two aspects of modern community care—health centres and the attachment of local authority nursing staff to general practice—are of vital importance—and in this regard the City is leading where other authorities will I am sure wish quickly to follow.

Since taking office I have done my best to provide an improved framework for the family doctor service. Health centres, group practices and the attachment of nursing staff are essential elements in achieving this objective. There are over 20,000 general practitioners in this country. It has been estimated that nearly three out of five of their surgeries were built in the last century or earlier. A major programme for rehousing and regrouping practice premises is therefore clearly overdue. If available medical manpower is to be used in the best possible way, and a first class service provided for patients, modern methods of practice organisation must be adopted. The doctors need to be supported by other members of the community medical care team and they must have first class premises where they can work together in groups. In achieving 100 per cent attachment of its nursing staff and 3 health centres by 1967 Oxford has set an example to the rest of the country. If it can be done in Oxford it can be done elsewhere. This is the point which henceforward will be put with growing insistence to other local health authorities by general practitioners and Local Medical Committees.

I can well imagine that, among the many visitors who come to see the City's more publicised attractions, there will be a steady stream of people anxious to learn at first hand the secret of your success in community medical care. But is it a secret ? Where you have a progressive local health authority advised by an expert of Dr. Warin's calibre, where you have keen and progressive general practitioners supported by an imaginative Executive Council and Local Medical Committee, then I think you have every prospect of bringing about a pattern of medical care which will answer the problems of today and tomorrow and for a good many years to come. Essentially a health centre is an exercise in co-operation. It has failed if, for example, practitioners regard it only as a convenient form of practice accommodation or if the local health authority look upon it merely as a clinic to which they have been obliged to add a practitioner appendage. Ivory towers and iron curtains are out as far as health centre design is concerned; and in the Spring my Department hope to have ready a Health Centre Design Guide which is intended to stimulate thought along modern progressive lines.

All of us present today would I am sure acknowledge our indebtedness to the City for providing these two fine centres at a time when, as I am only too well aware, they are faced with many pressing demands upon the resources available for the expansion of their services. But I am equally sure that you would wish me to pay tribute to the family doctors, the Executive Council, particularly its Chairman, Dr. Cooke and the Local Medical Committee with its successive Secretaries Dr. Henderson and Dr. Leggatt. Each new health centre is a declaration of faith on their part, as well as on the part of the local health authority, in the continued development of medical care in this country. The National Health Service has, I sometimes think, more than its fair share of detractors who seem almost to blind themselves to the many real improvements which are quietly taking place. The development of attachments of nursing staff and the growing numbers of health centres are evidence of a revolution in the philosophy and practice of medical care no less important than the discovery of a new antibiotic or surgical process. The two new Oxford health centres are investments in care in the community and I am honoured now to declare them formally open.

(c) AMBULANCE SERVICE

Report by Mr. C. R. Lawrence, Chief Ambulance Officer

Administration

The Joint City and County Ambulance Service continued to operate smoothly and efficiently in its second year of operation. Many of the smaller problems have been solved and the standard of service provided to the public has greatly improved. Demands upon the service continue

to increase especially in respect of Day Hospitals, causing peak periods morning and evening when the Ambulance Service is at breaking point.

Stations

The alterations and extension to the Central Control and Ambulance Station in Oxford were completed on schedule. All sections were occupied early in September. We now have one of the most modern and up to date Central Controls in the country. The design and equipment therein, the space available, the light and pleasing decor helps to ease the burden of the Control Officers.

The administrative offices on the first floor are well designed and pleasant to work in. Ample storage for records is provided and there is space for increased clerical assistance as and when this becomes necessary.

During the year discussion took place on the advisability of continuing to operate an Ambulance Station at Kidlington. Committee felt that as Kidlington was an "on call from home" Station during the quiet periods, a service equal, if not better, could be provided from the Oxford Station which is continuously manned. It was agreed that the Station should be closed for a trial period of six months starting on 1st June, 1967. During this time complete records were to be kept in order that Committee could study the problem again and come to a decision. This period of trial has been extended by an extra three months in order that the effects of adverse weather conditions could be assessed.

Staff

During the year a Store-keeper/Clerk was appointed. It was envisaged that part of this person's time would be spent in assisting in the Control Room. Experience showed this to be impossible as store keeping and stock control proved to be a full time occupation. However having taken over the mechanical stores it has relieved the senior mechanic of the clerical duties in respect of records, allowing him more time on vehicle maintenance.

Vehicles

Four seven seater sitting case vehicles, three ambulances and one seven seater fitted with hydraulic rear step and designed to carry patients in wheel chairs, were ordered as replacements.

In addition one ambulance so constructed to accommodate patients either as sitting patients, stretcher patients or in wheel chairs was ordered. The design of this vehicle is similar to the three that have been doing such wonderful work since 1965. Fitted with a hydraulic rear step and capable of carrying 12 patients it will be used in the Banbury area conveying patients to the Geriatric Day Hospital.

Location of Stations and Establishment

Location	Vehicles		Staff	
	Ambulances	Sitting Case Cars	Driver/ Attendant	Leading Driver /Sub.Officer
Oxford City ..	10	13	42 (42)	6 (6)
Banbury ..	4	5	16 (16)	4 (4)
Bicester	1	1	5 (4)	1 (1)
Chipping Norton	1	1	4 (4)	1 (1)
Crowmarsh ..	1	—	5 (2)	—
Henley ..	2	3	7 (5)	1 (1)
Kidlington ..	1	1	5 (2)	—
Thame	1	1	4 (4)	1 (1)
Witney	2	1	7 (7)	1 (1)
Spare Vehicles	4	1	—	—
Total ..	27	27	95 (86)	15 (15)

(Number of staff in post at 31st December, 1967, are shown in brackets).

The headquarters staff at Oxford is as follows:

1 Chief Ambulance Officer.
1 Deputy Chief Ambulance Officer.
1 Station Officer.
6 Control Officers.
1 Chief Clerk.
4 Clerks.
1 Typist.
2 Mechanics.
1 Female Escort (Part Time).

Day Hospitals, Training Centres, Industrial Training Units and Special Schools

Demands for transport are increasing in respect of the conveyance of persons to the above centres. In Oxford there are day hospital units at Ashhurst, Littlemore, Warneford, Rivermead, Churchill (Spastics) and Cowley Road Hospitals. A day centre is also established at the Neithrop Hospital, Banbury, and at Longworth Hospital which is situated in Berkshire.

Training Centres and Industrial Training Units are established at Banbury, Witney, Wheatley and at Borocourt Hospital.

Children are transported from widely scattered areas of the County to Schools in Oxford and Reading that have Partially Hearing Units established.

The problem of transport to Day Hospitals is ever increasing. Valuable assistance is given by the Hospital Car Service but the problem remains of transporting those, who through their disability, need Ambulance Transport.

Arrangements are made with taxi proprietors, and the Hospital Car Service to convey persons to the Training Centres, Industrial Training Units and Special Schools.

This is proving to be an economical solution to a problem that does not change pattern from day to day. Large Private Hire cars capable of seating five persons and Mini buses capable of seating 12 persons are in service. As the numbers increase on any particular journey the Mini bus has replaced the Private Car and by the end of September five Mini buses were operating.

Patients carried and mileage travelled

The number of patients carried during the year shows an increase of 24,382 over the previous year, whilst mileage travelled increased by 220,193 miles.

Table I shows the work carried out during the year, whilst Table 2 shows the growth of the service over the past six years.

Table 1

Quarter 1967	Ambulance Patients	Ambulance Miles	Sitting Case Patients	Sitting Case Miles	Ambulance Service Vehicles Sub Total Patients	Ambulance Service Vehicles Sub Total Miles	Hospital Car Service Vehicles Patients	Hospital Car Service Vehicles Miles	Contract Hire Vehicles Patients	Contract Hire Vehicles Miles	HCS & Contract Hire Vehicles Sub Total Patients	HCS & Contract Hire Vehicles Sub Total Miles	Gross Totals Patients	Gross Totals Miles
March	14,987	109,388	26,582	101,433	41,569	210,821	15,487	184,977	19,991	128,586	35,478	313,563	77,047	524,384
June	15,336	112,667	28,238	108,787	43,574	221,454	16,417	201,600	23,083	150,080	39,500	351,680	83,074	573,134
September	13,960	112,290	26,193	106,095	40,153	218,385	14,430	178,634	17,656	123,041	32,086	301,675	72,239	520,060
December	14,905	115,545	26,263	103,972	41,168	219,517	16,563	189,957	20,563	139,557	37,126	329,514	78,294	549,031
	59,188	449,890	107,276	420,287	166,464	870,177	62,897	755,168	81,293	541,264	144,190	1,296,432	310,654	2,166,609

Table 2

	Ambulance Service Patients	Ambulance Service Miles	H.C.S. & Contract Hire Patients	H.C.S. & Contract Hire Miles	Gross Total Patients	Gross Total Miles
1962	104,655	549,333	71,097	700,879	175,752	1,250,212
1963	112,883	683,501	76,408	721,649	189,291	1,405,150
1964	119,811	728,339	90,061	874,342	209,872	1,602,681
1965	135,381	746,729	103,989	970,832	239,370	1,717,561
1966	157,702	799,727	128,525	1,146,689	286,227	1,946,416
1967	166,464	870,177	144,190	1,296,432	310,654	2,166,609

(d) DOMICILIARY NURSING SERVICES

(Dr. Gray)

General practitioner—nursing staff attachment

The policy of complete attachment of all the domiciliary nursing services to general practitioners has continued to function well throughout the year, providing almost complete coverage of care for patients.

The health visitor, in particular, is finding her new role of "family" visitor of inestimable value to the doctor, whose heavy work load is undoubtedly eased through the close contact and knowledge the health visitor has of his patients, and this is of particular importance in the care of the elderly and chronic sick.

The attachment scheme has aroused considerable interest in other authorities, and we have been pleased to receive groups of visitors from other Health Departments, including Birmingham, Enfield and Cardiff and also a three day visit in July from Dr. Joan McKay, an Assistant Director in the New Zealand Government's Division of Public Health.

A. HEALTH VISITING

1. Staff

Full establishment of health visitors has been maintained throughout the year. The very few staff changes have promoted stability and continuity to the service. The valuable contribution made by health visitors working under contract for the City following the termination of their training course must also be recorded.

The Superintendent Nursing Officer has continued to serve on the Nursing Sub-Committee of the United Oxford Hospitals School of Nursing. This provides an opportunity for the hospital and local authority nursing staff to gain a wider knowledge of professional developments.

Miss K. J. Hayes, the first health visitor to be attached to a general practitioner group practice in Oxford twelve years ago, continued to serve on a sub-committee of the Standing Medical Advisory Committee concerned with functioning of child health clinics under the chairmanship of Sir Wilfred Sheldon. The report was published in December, 1967. During the year Miss Hayes was awarded the Heinz scholarship enabling her both to travel in Scandinavia and to take an administrative course at the Royal College of Nursing. She will be leaving the Health Department early in 1968.

2. Home visits by health visitors during the year

The following table shows the visits made during the year:—

To expectant mothers	1,320	4%
To children born in 1967	7,685	70%
To children born in 1966	6,033	
To children born in 1962—1965	13,475	

To persons aged 65 years or over	5,690	15%
To mentally disordered persons	1,034	3%
To persons discharged from hospital (other than mental hospitals or maternity homes)	266	8%
To tuberculous households	87	
To households visited on account of other infectious diseases	492	
Other cases	2,371	
	38,453	

Comments on these figures

(i) All the visits recorded were "effective" visits.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of hospital deliveries of City mothers was 1,101, so that 1,320 represents a fair coverage.

(iii) The total number of visits to children under 5 years has again decreased, due to the decreasing birth rate. It is, however, in this age group that the bulk of routine visiting takes place, when the health visitor's relationship with the family becomes fully established and prevention is more effectively practised and successfully carried out. Selective visiting for families requiring more help is necessary, such as those with handicapped children, but routine visiting conscientiously done, helps many families with problems becoming "problem families".

(iv) Persons aged 65 years and over (1,278) were visited by health visitors on 5,690 occasions during the year. Much valuable work is done in safeguarding the health and welfare of the elderly. Indeed the provision of the various local authority services plays a large part in keeping them mobile and happy in their own homes. Finally, supervision allows arrangements to be made for transfer to alternative accommodation should it become necessary.

This work necessitates the closest co-operation with the various relevant sections of the health department and the hospital staff as well as the family doctors. It is pleasing to be able to report the excellent relations which are enjoyed by the interested parties. It is also obvious that this section of the health visitors duties will increase, as more old people are kept successfully within the community.

(v) There was an increase in the number of visits undertaken to mentally disordered persons. This is regarded as an indication of the increasingly important role of the family doctor team in the care of such patients.

(vi) It will be seen from the table that other miscellaneous duties include the follow-up of persons discharged from hospital and the investigation of certain notifiable infectious diseases.

(vii) "Other cases" comprise all visits not included in one of these categories. They include postnatal follow-up and visits to newly arrived long-stay immigrants notified by port health authorities.

(viii) Comments on the work of the two health visitors who are attached part-time to the Chest Clinic will be found in the Infectious Diseases section of this report.

3. Health visitors' case load and continuity of medical care

At the end of the year health visitors were asked to report the number of children known to be vaccinated against measles, as part of the current Intensive Measles Vaccination Medical Research Council Trial. This involved a review of all their records of children under the age of 5 years, and revealed a migrant population in Oxford which had previously been suspected but not catalogued.

Some of the findings from this review can be listed as follows:—

Period 1963—1967

Number of registered Oxford City births	8,842
Number of children born 1963—1967, known to health visitors on 31.12.67	6,169
Number of children known to have transferred out of Oxford in this period	2,630
Number of children "lost sight of" i.e. transfers out to unknown destinations	660

Children born in 1964

Number of registered Oxford City births	1,872
Number known to health visitors on 31.12.66	1,506
Number known to health visitors on 31.12.67	1,350

Details of a sample of 5 *health visitors' returns for* 2 *year old children*:—

Total number of children known at the start of the year	602
Transfers into Oxford during the year	34
Deaths during the year	7
Transfers out of the City	198
Change of general practitioner within the City	136
Total children remaining on health visitors' lists at the end of the year	295

It has become apparent that a considerable migration of children occurs in Oxford every year; on average each year 700 of the under-fives are known to leave the City, a third of these in their first year of life and another third in their second year. One in eight children born in Oxford leave the City within a year of their birth.

Five health visitors who examined their records in more detail found that as many as 50% of their 2 year olds transferred out of their care during a year, nearly two-fifths of these moving to another doctor in Oxford. However, this pattern varies widely in different parts of the City.

It is apparent that not only is there little continuity of medical care for half the children in Oxford under school age, but the apparent case load of each health visitor represents only a proportion of their true work load. The number of pre-school children on each individual health visitors' list varies from 152 to 363 on any one day but twice as many pass through their hands during the year.

A further problem that hinders any continuity of care is the knowledge that a hundred children a year are "lost sight of"—in other words they move to an unspecified destination. These add up to a pool of 660 such "lost" children, who no doubt are being adequately catered for in their new local authority area, but without the benefit of any record of the medical or health visiting care that they received before the move.

There is also a small, but as yet unmeasured, pool of children who are either not registered with any family doctor, or not known to the health visitor if they are on the doctor's list. It is hoped that these latter children will be notified by general practitioners' receptionists to the health visitor concerned at the time they register with the doctor, under new arrangements which are to be tried shortly.

If medical and health visiting records are worth keeping for the bearing they have on a child's future progress, there is a considerable problem here in maintaining some sort of continuity by ensuring that the records follow the family's migrations.

4. Liaison with hospitals

There is frequent contact between hospitals and health visitors. Different health visitors regularly attend the paediatric and asthma clinics; two rounds of the maternity wards each week and a monthly session at Littlemore Hospital. One health visitor also undertakes liaison work with the venereal diseases clinic.

5. Work at child health clinics

One or more health visitors were present at all the 1,640 child health clinic sessions, including the 689 sessions restricted to practice patients.

6. Teaching and Health Education

The health visitors take part in the professional teaching which is undertaken by the health department. Practical instruction is given to medical students, student health visitors, pupil midwives, student district nurses and nurses in training at the United Oxford Hospitals.

Health education at individual and group level is undertaken at child health clinics and schools. Much valuable instruction is also given in the course of home visits. Other activities are outlined in the Health Education section of this report.

7. Refresher Courses

Four health visitors attended refresher courses during the year.

8. Health Visitor Training

Seven students were sponsored by the City for the course commencing in September at the College of Technology. The five students of the previous year were all successful in gaining their Health Visitors' Certificate in June.

B. DISTRICT NURSING

In August the headquarters of the district nurses and midwives was moved to the new East Oxford Health Centre in Cowley Road.

Here the district nurses have settled in very well, appreciating the cheerful and light living quarters with single bed-sitting rooms for the students, and the comfortable sitting and dining rooms. The district room is also spacious and light, with ample cupboards for stock, etc., and there are plenty of car-parking facilities, an important factor for busy nurses.

1. Staff

It is pleasing to report that the service has been well staffed throughout the year. On December 31st the position was as follows:—

Administrative

Superintendent Nursing Officer	1	(jointly with health visitors)
Deputy Superintendent	1	
Senior District Nurses	2	

District Nurses full-time

State registered with district training	11	
State registered without district training ..	2	
State enrolled with district training	3	
State enrolled without district training.. ..	1	

District Nurses part-time

State registered with district training	7	equivalent to $4\frac{1}{2}$ full-time nurses
State registered without district training ..	4	
Bath orderly part-time	1	

2. Equipment

The use of disposable equipment has increased throughout the year, providing a great saving in nursing time.

Financial approval has been given to the organisation and distribution of a centrally sterilised supply of instruments and dressings. It is hoped that this service will be inaugurated in conjunction with the United Oxford Hospitals at the Churchill Hospital early in 1968.

3. Cases nursed during the year

The following table shows the source of new patients during the year and includes figures for the three previous years for comparison:—

	1964	1965	1966	1967
General practitioners	1,686	2,089	2,273	1,996
Hospitals	60	69	104	129
Direct application	39	26	20	24
Other sources	7	11	6	18
Totals	1,792	2,195	2,403	2,167

The number of cases nursed and visits paid in different categories and ages is shown in the following table:—

Classification of patients nursed during year

	Number of cases attended				Number of visits			
	Under 5 years	5—64 years	Over 65 years	Total cases	Under 5 years	5—64 years	Over 65 years	Total visits
Medical	126	680	1,068	1,874	513	10,983	31,448	42,944
Surgical	58	392	245	695	223	5,601	6,558	12,382
Infectious diseases ..	—	4	5	9	—	20	27	47
Tuberculosis	—	35	1	36	—	1,590	23	1,613
Maternal complications	—	27	—	27	—	249	—	249
	184	1,138	1,319	2,641	736	18,443	38,056	57,235

Patients (included in the above table) who received more than 24 visits during the year:—

Patients	*Visits*
560	38,266

Also included in the above table were 115 visits paid in the late evening, 69 of which were for giving sedatives and 46 for other purposes.

During the year 673 visits were made by patients to the branch homes for a variety of treatments.

Comments on these figures

There was a decrease in the number of cases nursed during the year—2,641 compared with 2,839 in 1966, but the total visits increased from 56,791 to 57,235. Referrals from hospitals again increased, but there was a slight fall in the number of cases referred by general practitioners. The decrease is partially due to the fact that more patients are being treated at the Health Centres and surgeries.

Children under 5 years of age continued to provide very little work. Only 736 visits were paid to the 184 patients in this category compared with 1,238 visits to 273 patients in 1966.

Visits to patients over 65 years of age accounted for 38,056 out of a total of 57,235—i.e. 66%.

There was a decrease in the number of visits paid to tuberculous patients, 1,613 compared with 2,240 last year.

The number of patients requiring more than 24 visits during the year rose from 515 last year to 560. The total number of visits required by these patients increased from 37,444 to 38,266.

Types of treatment given

The following table shows the treatments given during the past four years:—

	1964	1965	1966	1967
Injections—				
(1) Insulin	3,581	2,927	3,905	4,729
(2) Streptomycin	3,297	2,372	2,674	2,280
(3) Penicillin and other antibiotics	4,793	4,932	5,544	3,793
(4) Any other injections	9,242	10,403	10,359	9,316
Baths	4,612	5,742	6,415	6,899
Dressings	6,534	9,791	11,121	12,931
Enemas and bowel washouts	485	746	1,256	1,508
Genito-urinary treatments	473	732	889	1,017
General nursing care	12,371	13,128	17,721	17,071
Any other treatments	205	708	1,093	1,787
Totals	45,593	51,481	60,977	61,331

There was an increase in the total number of treatments given compared with the three previous years. The administration of injections still accounts for a large proportion (33%) of these. In spite of the fact that the policy of encouraging the self-administration of insulin by patients has continued, there has again been an increase in the number of insulin injections given by nurses. This is due mainly because most new patients requiring such treatment are aged, partially-sighted or, a new category, an immigrant group with an imperfect understanding of instructions.

More baths were undertaken by the nursing service and there was an increase in the number of enemas and bowel washouts, genito-urinary

treatments and dressings applied. There was, on the other hand, a fall in the number of visits recorded for general nursing care.

An analysis was made of "other injections" and includes figures for the previous year for comparison:—

	1966	1967
Iron	1,472	1,140
Vitamin	3,016	3,004
Diuretic	3,817	3,038
Sedatives	377	388
De-sensitising	166	184
Gland extract and hormonal ..	1,324	1,441
Prophylactic inoculations	187	121
	10,359	9,316

Arrangements whereby nurses can treat ambulant patients at the surgeries have continued. It was extended in September so that another nurse undertook daily sessions at the newly opened Summertown Health Centre. Nurses, therefore, attend at three surgeries and two Health Centres to provide a nursing service. Analysis of the work undertaken at these sessions is shown in the following table.

Classification of patients

	Number of cases				*Number of visits*			
	Under 5 years	5-64 *years*	*Over 65 years*	*Total cases*	*Under 5 years*	5-64 *years*	*Over 65 years*	*Total visits*
Blackbird Leys Health Centre *Commenced* 1960 *Daily* 4 *p.m.*								
Medical	38	68	3	109	87	308	9	404
Surgical	91	336	3	430	211	587	14	812
Tuberculosis	—	2	—	2	—	77	—	77
Maternal complications ..	—	5	—	5	—	23	—	23
	129	411	6	546	298	995	23	1,316
Summertown Health Centre *Commenced September* 1967 *Daily* 11 *a.m. and* 4.30 *p.m.*								
Medical	1	8	2	11	1	74	48	123
Surgical	—	25	1	26	—	143	24	167
	1	33	3	37	1	217	72	290
Manor Road Surgery *Commenced November* 1964 *Daily* 4.30 *p.m.*								
Medical	2	184	10	196	2	596	45	643
Surgical	15	205	5	225	23	732	31	786
Tuberculosis	—	4	—	4	—	247	—	247
	17	393	15	425	25	1575	76	1,676
Surgery, 12 *Old High Street, Headington* *Commenced February* 1965 *Monday and Wednesday at* 5.45 *p.m.*								
Medical	14	265	20	299	22	593	74	689
Surgical	4	47	7	58	7	103	14	124
Maternal complications ..	—	2	—	2	—	6	—	6
	18	314	27	359	29	702	88	819
Surgery, 274 *Iffley Road* *Commenced September* 1966 *Tuesday and Thursday at* 5 *p.m.*								
Medical	6	210	24	240	7	336	40	383
Surgical	9	72	6	87	10	110	12	132
	15	282	30	327	17	446	52	515

Types of treatment given

	Blackbird Leys Health Centre	*Summer-town Health Centre*	*Manor Road Surgery*	*Surgery, 12 Old Street Headington*	*Surgery 274 Iffley Road*
Injections—					
Streptomycin ..	98	—	261	2	—
Penicillin and other antibiotics	244	116	77	1	7
Iron	69	—	52	5	12
Vitamins	29	1	288	13	28
De-sensitising ..	18	—	—	78	16
Gland extract and hormonal	4	—	1	1	8
Prophylactic inoculation	30	3	178	264	193
Dressings	856	174	790	120	133
Genito-urinary treatments	—	—	3	—	—
Ear syringing	—	—	—	79	58
Cervical cytology ..	—	—	—	36	45
Antenatal examinations	—	—	—	20	—
Haemoglobin estimation	—	—	—	35	—
Blood pressure estimation, urinalysis and weighing	—	—	—	104	—
Miscellaneous	10	1	21	51	20
	1,358	295	1,671	809	520

4. Training School

Three courses of training for the Queen's Roll were held during the year. The examination was taken by 18 students, all of whom passed at the first attempt.

The students were classified as follows:—

Staff students	6
Independent students	2
*Students sent by other Local Health Authorities	10
	18

*Students came from Oxfordshire, Buckinghamshire and the Isle of Wight.

5. Loan of nursing equipment

The provision of incontinence pads has continued, 10,086 were distributed through the district nursing service. A small stock of pads is maintained for distribution to patients not attended by the district nurses, and 12 persons were helped in this way.

The pads are disposed of by the patients themselves or by those caring for them. They are advised to wrap them firmly in newspaper and burn them. If this is impossible, polythene bags are provided for the wrapped pads which are then placed in the dustbin.

Co-operation with the British Red Cross Society

We are once again indebted to the British Red Cross Society for their ready co-operation in supplying nursing equipment to patients.

In the financial year 1967/68 the City Council paid the Society a grant of £350.

Details of the equipment loaned in the City during 1967 are as follows:

Air rings	98	Infra red lamps	4
Back rests	138	Mattresses (Dunlopillo)	4
Back rests (padded)	6	Medical sheepskin	1
Bed cradles	86	Penrhyn hoists	7
Bed pans	170	Ripple beds	3
Bed tables	5	Rubber sheets	138
Commodes (chair)	157	Sorbo rings	14
Commodes (stool)	30	Urinals	55
Crutches (pairs)	12	Walking aids	175
Electric alarm unit	1	Walking sticks	14
Electric bells	6	Wheelchairs	182
Feeding cups	12		
Fracture boards	59		1,385
Hospital beds	8		

From 1st April, 1967, the provision of personal hoists was taken over from the Welfare Services Division; up to the end of December 10 hoists had been supplied.

(e) HOME HELP SERVICE

(Dr. Gray)

1. Cases helped

(*a*) Classification of cases helped in the last three years:—

	1965	1966	1967
Maternity	112	123	111
Acute illness	75	61	69
Chronic sick	88	100	104
Mentally disordered	18	13	13
Other	15	15	9
All patients over 65 years	644	686	710
Totals	952	998	1,016

(*b*) Patients receiving continuous help throughout the year during the past three years:—

1965	425
1966	467
1967	495

(*c*) Continuous daily help was provided throughout the year for 12 cases.

2. Finance

Classification for payment during the last three years has been a follows:—

	1965	1966	1967
Full payment	233	241	222
Assessed for part payment	236	264	277
Free	483	493	517
Total cases helped	952	998	1,016

There is only one long term case on a special reduced rate by Committee decision, and no new applications were made during the year.

3. Staff

The following table shows the home help staff employed at the end of the last three years:—

Establishment: equivalent to 60 full-time home helps.

	1965	1966	1967
Full-time—42/40 hours	5	5	3
Part-time—27, 24 and 20 hours	82	71	75
Part-time—less than 20 hours	50	54	53
	137	130	131
Equivalent to full-time	59	60	61

With the threats of cuts in expenditure instead of a long awaited chance to expand with the easing of our recruiting problems, we seem to have spent the greater part of the year endeavouring to keep the home help staff within our allotted establishment, having exceeded it since April. The average over the year exceeded the establishment of 60 by one. This was achieved by an almost complete ban on recruiting and a more selective policy towards new cases in addition to some reduction of hours, and withdrawal from long-term cases.

We are fortunate in having the support of the Day Care Service and valuable help from several of the Oxford Fish Schemes and other voluntary agencies. The present financial situation has, however, done much towards reducing the annual turn-over of staff, and there have been fewer resignations and consequently better continuity. Normally, the constant turn-over of both staff and cases necessarily involves some elderly patients in a change of helper at fairly frequent intervals. This is most unpopular, and therefore the present static period has some advantages.

In the autumn a limited survey of the office administration was made by the Local Authority Organisation and Method team. Various ways of stream-lining some clerical procedures were investigated and a quicker method of reproducing the weekly time sheets was proposed.

The training scheme for members with less than one year's service has continued successfully. The standard of home help has improved, partly because there is more choice now. They have all shown a real interest in the lectures and discussions.

The maternity work is still largely covered by those home helps on the maternity register. While relieving the regular helpers of any interruption in the normal programme, this provides a few housewives with an interesting job which is not too time consuming.

The Organiser visited one of the Gloucestershire services at Cirencester in June. Clerical procedures and other policy matters were subjects of discussion and some useful ideas were obtained.

The Annual Conference and week-end school were held at Scarborough in September, and the Organiser took part. The lectures were instructive and controversial and gave all the Organisers plenty of subjects for discussion.

Throughout the year, newly appointed Medical Social Workers have been briefed regarding the administration of the Home Help Service. This exchange of views is most beneficial to all concerned.

(f) RECUPERATIVE HOLIDAYS

(Dr. Gray)

During the year, recuperative holidays were arranged for 16 persons. This is slightly less than in the previous year but there does not appear to be any general falling off in the need for this type of help.

As in previous years the majority of the cases were women, where there was no other prospect of obtaining relief from housework after a period of ill-health.

The sources of recommendations for holidays were as follows:—

(*a*) General practitioners	11
(*b*) Hospitals	3

Applicants were assessed to pay as follows:—

Persons making part payment	11
Persons making no payment	3

The cost to the City Council was £146 10*s.* 10*d.* plus travelling expenses for 9 persons.

Applicants were received in the following homes:—

	Male	*Female*	*Children*
Bell Memorial Home, Lancing	2	7	—
Convalescent Home, Ramsgate	—	1	2
Hearts of Oak Convalescent Home, Broadstairs	2	—	—
Victoria Convalescent Home, Bognor Regis	—	2	—
	—	—	—
	4	10	2

(g) CERVICAL CYTOLOGY

(Dr. Gray)

The screening of women over the age of 20 years for carcinoma *in situ* of the uterine cervix continued throughout the year.

The number of requests for this test dropped as compared with 1966, but this trend was to be expected when most women, who of their own volition, had been examined and the remainder have now to be approached on a more personal basis to encourage them to attend a clinic.

It has been found, for instance, that more women will have the test if it can be done at their place of employment, and from the middle of 1967, City employers of more than 50 women have been systematically approached with a view to holding clinics on their premises if there is suitable accommodation. Eleven employers have availed themselves of this service, so far, and negotiations with others are under way at the present time. They range from large industrial concerns, to stores, banks, schools and women's college, etc.

Apart from Local Authority and General Practitioner clinics women also receive this test at the hospital gynaecological, postnatal and V.D. out-patient clinics and at Family Planning clinics.

The following numbers were dealt with (1966 figures in brackets).

	Local authority sessions	*General practitioner sessions*	*Total*	
Request cards received ..	1,190	778	1,968	(3,814)
Number of patients examined	1,494	707	2,201	(3,039)
Number of sessions ..	121	70	191	(303)

Persistent non-attenders	41	(88)
Patients unable to be examined	109	(160)

Of the 2,201 patients examined, 1,357 were Oxford residents.

The ages of the women examined during the year and the number of children they have had is shown in the following table:—

Age years)	Number of children											
	0	1	2	3	4	5	6	7	8	9	Not stated	Total
—25	340	85	64	21	5	—	—	—	—	—	8	523
26—29	86	42	73	32	15	5	3	—	—	—	3	259
30—34	57	34	79	53	22	6	4	3	—	—	3	261
35—39	43	40	105	54	23	10	5	2	1	—	1	284
40—44	66	64	93	45	20	9	—	4	3	1	7	312
45—49	49	47	62	41	7	6	1	1	1	—	1	216
50—54	20	43	52	39	14	8	3	1	2	—	2	184
55—59	21	21	37	18	7	1	1	—	—	—	—	106
60+	5	9	9	8	3	1	1	1	—	—	—	37
Not stated	5	4	6	3	1	—	—	—	—	—	—	19
Total	692	389	580	314	117	46	18	12	7	1	25	2,201

The following results were obtained compared with the last two years:—

	1967	1966	1965
Negative smears	2,164	3,105	1,356
Suspicious or doubtful smears confirmed by biopsy	9	13	8
Suspicious smears not confirmed by:			
(i) repeat smear	5	2	—
(ii) biopsy	4	4	1
Doubtful smears not confirmed by:			
(i) repeat smear	3	—	2
(ii) biopsy	—	—	—
Suspicious smears awaiting further investigation	8	4	2
Doubtful smears to have further follow-up	7	—	—
Doubtful smear—follow-up not possible	1	1	—
Other gynaecological abnormalities detected	296	277	

The age and parity of the nine patients with confirmed carcinoma *in situ* were as follows:—

Age (years)	Number of children						
	0	1	2	3	4	5	Total
20—24	—	—	—	—	—	—	—
25—29	—	—	—	—	—	—	—
30—34	1	—	1	—	—	—	2
35—39	—	1	—	1	—	—	2
40—44	—	—	—	1	—	—	1
45—49	—	—	—	2	—	—	2
50+	—	—	—	—	1	1	2
Total	1	1	1	4	1	1	9

The incidence of confirmed carcinoma *in situ* was therefore, 9 in 2,201 patients examined, or 4.08 per thousand as compared with 4.3 per thousand in 1966. This is a low incidence compared with the more frequently quoted figure of 6 or 7 per thousand.

Of the 6,610 patients examined since the commencement of the scheme in March, 1965, there were 30 confirmed carcinoma in *situ*, or 4.53 per thousand.

The age and parity of these 30 patients were as follows:—

Age (years)	Number of children						
	0	1	2	3	4	5	Total
—25	—	—	—	—	1	—	1
26—29	—	—	1	—	—	—	1
30—34	1	—	1	—	—	—	2
35—39	—	3	—	2	—	—	5
40—44	1	2	4	1	1	—	9
45—49	1	1	2	4	—	1	9
50+	—	—	—	—	1	2	3
Total	3	6	8	7	3	3	30

To persuade those remaining women in Oxford who have not yet received the test, concerted effort must be made to encourage them to attend their nearest clinic, and publicity and personal approach through health visitors will continue to be made.

(h) HEALTH EDUCATION

(Mr. Derek Lewis—Health Education Officer)

Health Education has continued to be presented across a broad spectrum of topics and through a variety of ways. One such new approach was the joint City and County dental health campaign which proved a successful and effective merger. It illustrated the need for consideration to be given to the promotion of Health Education on an area basis, where the combined forces, organisation and facilities can be directed and co-ordinated to reach the maximum number of people in pursuing some particular aspect of positive health.

Dental Health

The City and County dental health fortnight was designed to bring to the attention of the public the high incidence of dental caries among children and the steps to remedy this alarming position. The campaign was particularly directed towards mothers and to children of primary school age or below, emphasising four major points:—

(*a*) More careful selection of food.
(*b*) Making use of the oral aids to hygiene.
(*c*) Potentially harmful effect of undiluted vitamin syrups.
(*d*) Need for young children in particular to attend their dentist regularly.

Immense help and assistance was obtained from the schools and the various bodies who became involved during the fortnight. The comprehensive list below illustrates just how co-operative they were.

(1) Schools:—

(i) Special projects in junior and infant schools.
(ii) Visiting speakers.
(iii) Poster competition. Prizes donated by joint dental/pharmaceutical committee. 4 gns. and electric toothbrush (approx. £3 or £4 in value).
(iv) Exhibition of display material.
(v) Talks and film shows to parent/teacher associations.

(2) The local chemists played an active part with window dressings highlighting the theme of dental health. Considerable prominence was given to the display card "4 tons of children's teeth extracted every year".

(3) Dentists and Doctors displayed appropriate dental health material in their waiting rooms.

(4) A meeting for dentists was arranged in the Health Education room, at which lectures and films were presented on equipment and on the postural strain which results from the nature of their work.

(5) Illustrated talks were given to various clubs and organisations.

(6) The press gave excellent coverage with several articles relating to dental health. These were printed as part of a gradual build up of public awareness, at one stage even the news placards carried the subject. Photographs of schools receiving lessons on dental health and others of the display were all printed.

(7) Dental Health films were shown at children's Saturday matinee cinema performances.

(8) Films and talks, together with display of material, were given in welfare and mothercraft clinics.

(9) A mock dental surgery with the latest design in dental chairs, formed the centre-piece of the display at the Information Centre, Carfax. Children were invited to sit in the chair and to look at the colourful and animated drawings and posters on display.

Accident Prevention

Oxford was one of the six regions to take part in the survey conducted by the Medical Commission for Accident Prevention into accidents to children under 5 years of age. The purpose was to find out more about the many factors which can lead to accidents among young children. The first fifty accidents reported after 1st January and 1st July were investigated in depth by a Health Visitor on a prepared questionnaire.

Many aspects of the home were considered which may have had an effect upon safety, when making an assessment of the situation; heating, pets, accident-proneness, health, etc. The full analysis of the data is not yet complete, but much of value has already been achieved. Health Visitors have had the opportunity to offer direct advice on home safety

during the survey and to relate it to the experience of the particular home. The information gained from the questionnaire has provided anonymous material for the talks and discussions which have been given in home safety, in schools, clubs and to student Health Visitors and District Nurses. The more aware we are of the causative influences, the better equipped we will be to direct health education at the basic roots of the problem. The fact that situations quoted have occurred locally bring greater emphasis and increased awareness to the dangers. Unfortunately the exhibition on home safety planned for October had to be cancelled due to the illness of the Health Education Officer.

Parentcraft classes

These classes continue to form a vital part of the pattern of health education.

During the year it was decided to extend the scope of the parentcraft course at one centre to include family planning. After a disappointing start it developed into a most successful inclusion, taking the form of a film show, talk and discussion. As the sixth of a series of seven sessions, it provided an opportunity for the mothers to talk over the subject with their husbands and have any points cleared up at the final session. Including fathers in this meeting did not produce such a good response, although it may well be worth further consideration.

Mothercraft classes—numbers

	No. registered		Total attendance	
	1966	1967	1966	1967
Donnington	54	61	356	173
Summertown	93	111	328	297
Temple Cowley	32	50	135	147
Total	179	222	819	617

Talks and Lectures

The Principal School Medical Officer's report, which contains the account of the considerable health education undertaken in schools of the City, makes mention of the decision to provide education in the growing problems associated with drug abuse, where this is felt suitable. This has inevitably led to requests for talks to adult audiences. Parents quite sensibly feel that they should at least be as knowledgeable and as aware of the factors associated with drug abuse, as their children. Audiences totalling many hundreds, have listened to a selection of speakers from the health department, local hospitals, the Central Council for Health Education and the City police.

The extent to which members of the department have played an increasing part in talks, lectures and in-service training on aspects of health, is reflected in the increased use of visual aids. The projector has been in heavy demand, the bookings having increased from 97 in 1966 to 180 in 1967.

In-service training has been carried on through a programme of lectures for student Health Visitors, training teachers in oral resuscitation, film shows of new releases in the health field and courses in the use of visual aids. Many talks have been given and films shown at parent evenings on how health and sex education can be fitted into the school programme. Considerable significance is attached to the important part parents still have to play in this field, even where schools are involved. It is gratifying to see the growing acceptance of the need to introduce sex education at junior school level. An increasing number of primary schools have evolved health schemes including the subject. Two talks were given on personal relationships at the New Centre for the Deaf. The first to the young members, the second to parents of the partially deaf. A task immensely challenging and stimulating.

During Mental Health Week a display was arranged at the Information Centre at Carfax. Enlarged photographs of situations in which Mental Health work is undertaken in Oxford were displayed. The exhibition was built around the theme of opportunities open for employment in Mental Health.

Posters, leaflets and slides at the local cinemas have again been regularly distributed on varying subjects relating to health.

The poster "Think" produced in co-operation with the Graphic Design Department of the Oxford College of Technology, to encourage the response to the cancer smear test, was taken up by a national organisation who received over 2,000 requests for copies within the first few months of its release. The Cancer Information Association of Oxford have made considerable progress in educating the public on this aspect of Health Education.

Cervical Cytology

Health Education on cervical cytology (cancer smear test) must not be limited to providing information and changing attitudes. There is a need to present the women with the task of making a definite decision which will result in action. Two approaches conforming to this principle were adopted.

All the shops, factories and similar premises in the City, who employ over fifty women, are being visited. The authority offer to hold a clinic on the premises if they have suitable accommodation. Each woman over 20 years of age is presented with a leaflet explaining the purpose of the test and a request card. These are collected a few days later and a visiting clinic arranged. The response has been most encouraging. The

firms do not have their employees away from work for any appreciable time, the women do not lose time from their employment, and in addition they have the moral support and encouragement of those around them.

With considerable help from two large factories in Oxford a small pilot scheme was undertaken. Many wives had given as their reason for attending clinics "My husband said I should come". On the basis of this remark it was decided to enlist the support of the husbands in persuading their wives to attend.

A leaflet entitled "Does Your Wife Know" was designed for distribution to the men, with a request card attached. The leaflet explained the purpose of the "smear test" and asking that the card should be passed on to the wife. The cards were marked to indicate the manner in which they had been allocated and to assess the effectiveness of each type of distribution. They were then made available in three groupings.

Group 1. Handed to married men on the staff.
Group 2. Handed to married men in the workshop.
Group 3. Made freely available in the factory surgeries.

	Allocation and receipt of request cards		
Group	No. allocated	No. returned	% response
1.	200	28	14
2.	180	23	12.8
3.	120	3	2.5

It is difficult to know what figures would constitute a satisfactory return, but the result of the pilot scheme does appear rather disappointing. However a new approach has been tried and further consideration of the techniques used may present ways to improve the response.

(i) NURSING HOMES

(Dr. Leyshon)

The Register

At 31st December, 1967, the Homes on the Register were as follows:—

Home	*Number of beds*	*General Purpose*	*Year of Registration*
Acland	30	Acute medical and surgical cases	Re-registered November 1962, under the Management of the Nuffield Nursing Homes Trust.
St. John's, St. Mary's Road	61	Elderly, frail and chronic sick women	1950
St. Luke's, Linton Road	47	Convalescence and rehabilitation, usually for not more than 8 weeks, and elderly frail for long term care	Re-registered 1967

Hurdis House has been taken over by the United Oxford Hospitals and St. John's, although registered for 61, cannot accommodate more than 40 patients, because of difficulty in staffing. This is very unfortunate because there is a long waiting list for admission to this type of nursing home.

St. Luke's completed their extension during the year, and as a result their registration was increased from 33 to 47 beds. This will enable long term elderly and infirm patients to be taken.

7 visits were made for formal inspection under the Public Health Act, but many more were made on an informal basis. This was particularly so in the case of St. Luke's, to enable advice to be given both before and during the building of the new extension.

(j) DOMICILIARY OCCUPATIONAL THERAPY SERVICE

(Dr. Leyshon)

This year again saw some changes of staff in the service, though by 1st August there was a full staff when two new full-time assistants were appointed, the salary scale for these posts having been regraded to that of Senior Occupational Therapists. Mrs. Knight who had completed ten months as a part-time assistant, left the service at the end of June, and Miss Baker and Miss Archer commenced on 1st August.

The waiting list of patients had by then increased to 24 but all these patients were eventually being visited by the end of the year, as well as many more new patients. The number of patients in the care of the service on 31st December are shown in the following table:

	1965	1966	1967
Total patients ..	185	197	219
New referrals	81	46 (plus 16 on the waiting list)	88
Withdrawn	56	34	66

The supply of Aids to Daily Living shows an increase again. The stock of aids to be issued on the temporary loan scheme proved very successful, as the patients could have an article immediately the need arose and then a replacement purchased for the stock so that the aid could be issued permanently, if necessary.

Aids	1965	1966	1967
Bathing aids (seats, mats, rails, etc.) ..	19	28	48
Adaptations to furniture	8	14	17
Raised toilet seats and/or handrails ..	10	14	23
Small gadgets	10	10	9
Walking aids	—	—	15
Advice only	7	23	12
Total	54	89	124

The income from sales of patients' work through the Blind and Handicapped Shop showed a further increase, as follows:—

	1966	1967
Total sales	£1,810	£2,647
Cash return to patients	£1,022	£1,350
Lampshade orders	£275	£519
Special orders	£158	£178

The Service was unable to run the Annual Craft Competition and Garden Party for the patients, the first time it had not been held for 8 years.

In October it was once again possible to recommence the fortnightly social group at Dorset House School of Occupational Therapy, by kind permission of the Principal. Between 20 and 30 patients attend each group. They are transported to the meeting with the help of the Welfare Estate car and four or five voluntary drivers, without whose help this sort of outing would not be possible for the majority of patients, though a few do get there by public transport or their own disabled tricycles.

(k) CHIROPODY

The Council's scheme provides treatment for the elderly and physically handicapped.

Most of the chiropody is provided at old people's clubs under the auspices of the Oxford Council of Social Service. Those unable to attend

a club because of infirmity are taken by transport to an old people's home for treatment, and a third group who are too incapacitated for this, may be given domiciliary chiropody. The charge for all forms of chiropody is 2/6*d*. per treatment. Residents at Old People's Homes are given free chiropody treatment at the Home. There is no restriction placed on the number of treatments given, this is entirely decided by need.

No new clubs were opened and indeed it was fortunate that services did not have to be curtailed as there was a shortage of one sessional chiropodist for four months during the year. All the six chiropodists who work on a sessional basis are reluctant to increase the number of local authority sessions at the expense of their private practice. An advertisement for a full time or part time local authority chiropodist produced no results.

Summary of Work 1963—1967

Year	Patients	Treatments	Sessions
1963	770	2979	476
1964	849	3661	575
1965	1017	4666	754
1966	1069	4999	724
1967	1054	4886	727

The slight reduction in this year's figures is not due to a falling off in demand, but reflects the lack of a chiropodist for four months at two of the busiest clinics.

There has been a sharp rise in the number of cases requiring domiciliary chiropody, and a smaller rise in those needing transport. This has coincided with a great reduction in the chiropody services at the Radcliffe Infirmary. Both these forms of chiropody are expensive in time and money, and every effort is made to encourage elderly people to attend the nearest old people's club if at all possible.

Comparison between 1966 and 1967

Place of treatment	1966				1967			
	Patients	Treatments	Sessions	Av. treatments per session	Patients	Treatments	Sessions	Av. treatments per session
Old People's Clubs ..	530	2338	351	6.6	528	2264	337	6.7
Transport sessions ..	111	455	74	6.1	187	501	81	6.1
Patients' own homes ..	68	217	43*	—	95	379	75*	—
Old People's Homes ..	360	1989	256	7.7	244	1742	234	7.4
Total	1069	4999	724	6.9	1054	4886	727	6.7

* A nominal figure based on 5 domiciliary treatments per 3-hour "session".

Chiropody at Old People's Clubs

Club	Organiser	Chiropodist	Time of Clinic	No. of patients	Treatments	Sessions	Av. treatments per session
All Saints, New High Street, Headington	Mrs. Lockey, 15 Lyndworth Close, Headington	Miss Whittaker	Monday 2.30—4.30 fortnightly	27	73	19	3.8
Beveridge House, Woodfarm Estate	Mr. Wright, Beveridge House	Miss Cooper	Monday 10 a.m. fortnightly	35	247	25	9.8
Wolvercote Village Hall	Mrs. Rink, 11 Stratfield Rd.	Miss Cooper	Wednesday 3—5 p.m. monthly	15	86	12	7.1
Cowley Friendship Club, Congregational Hall, Temple Cowley	Mrs. K. Lewis, 58 White Road, Cowley	Mr. McGarrity	Wednesday 2 p.m. weekly	65	329	46	7.1
Rose Hill Community Centre, The Oval, Rose Hill	Mrs. Eeley, 11 Howard St.	Miss Cooper	Tuesday 3—5 p.m. weekly	64	315	44	7.1
Regal Residents' Hall, Shelley Rd., Cowley	Miss D. N. Parr, 17 Northmoor Road	Miss Cooper	Monday 2.30—5 p.m. fortnightly	41	138	23	6.0
Headington Community Centre, Gladstone Rd.	Mrs. Williamson 33 Upper Road, Kennington	Mr. Longthorpe	Thursday 4—6 p.m. monthly	34	166	29	5.7

Club	Organiser	Chiropodist	Time of Clinic	No. of patients	Treatments	Sessions	Av. treatments per session
Silver Threads Community Centre, Lake Street	Mrs. Bull, 120 Wytham St. New Hinksey	Mr. Longthorpe	Wednesday 1.15—3.15 p.m. fortnightly	49	191	25	7.6
Cutteslowe Community Centre, Wolsey Rd.	Mrs. Wilcher, 20 St. Giles'	Miss Whittaker	Tuesday 2.30—5 p.m. fortnightly	26	84	20	4.2
Golden Circle, Blackbird Leys Community Centre	Mrs. McCrae, 25 Furlong Close, B. Leys	Mr. Longthorpe	Wednesday 3.15—5.30 fortnightly	47	137	19	7.1
Red Cross, 101 Banbury Road	Mrs. Osborn King, 101 Banbury Road	Miss Cooper	Thursday 3—5 p.m. fortnightly	35	179	28	6.3
Silver Thread, Northway Community Centre	Miss Moss, S.R.N., 33 Gypsy Lane	Mr. Longthorpe	Monday 3.30—5.30 p.m. monthly	23	63	9	7.0
Senior Citizens Club, 53 George Street	Miss McKibbin, 424 Banbury Rd.	Mr. Brady	Thursday 2 p.m. weekly	67	256	38	6.7
Totals				528	2264	337	6.7

(l) AID-IN-SICKNESS CHARITIES

(Dr. Leyshon)

The Medical Officer of Health is represented on the Committee of the Charity which provides aid under three main headings.

1. Domiciliary Physiotherapy Service

Home care is given to patients who are unable by reason of health, to make regular visits to hospital, and for financial or other reasons cannot employ a private physiotherapist. A full-time physiotherapist is employed and introduction is through the family doctor. This is a valuable service in the early treatment of "lumbago", chest infections and cerebro-vascular accidents.

A summary of the work undertaken in the last three years is as follows:—

	1965	1966	1967
Total treatments ..	1450	1305	1273
Total patients ..	378	402	424

53 new patients were added during the year. The average cost of a treatment is £1 4*s*. 2*d*., and patients are encouraged to donate as much as they can towards this.

2. The Lying-in Charity

One grant of £10 was made to cover the cost of purchasing blankets for a newborn baby.

3. Other Charitable Grants

Two years ago the charity started a pilot scheme of purchasing night storage heaters, for loan.

This has been a success, but because of the high cost of purchase and installation, the Charity has been unable to continue with the scheme. During the year one of the storage heaters was transferred to an elderly handicapped person, as the previous user had been allocated a centrally heated house. One grant of £5 was made towards heating expenses for an ill person needing extra warmth.

Less grants than usual were given this year, as the Charity is finding it expensive to maintain the domiciliary physiotherapy service, and has been trying to conserve its resources for this.

(m) HOUSING ALLOCATION ON MEDICAL GROUNDS

(Dr. Leyshon)

The housing department reserve 25 permanent dwellings per year, and as many temporary dwellings as are available, for cases with medical priority, or hardship which cannot be adequately covered by the points scheme.

An allocation sub-committee meets monthly to discuss these cases.

If a person on the housing list who is unlikely to be rehoused for some time, because of inadequate points, can provide medical evidence that his present accommodation is a danger to health, then a house may be allocated on medical grounds. The medical evidence is usually in the form of a letter from the applicant's family doctor and/or a letter from a hospital consultant. These are passed on to the medical officer of health for consideration.

The health visitor concerned then makes an assessment of the housing and social circumstances and completes a standard form including any further medical observations that are pertinent.

If there are any points which need clarification the senior assistant medical officer contacts the family doctor and/or the hospital consultant for further information.

Applications are first divided into those in which there are medical grounds for rehousing, and those in which medical evidence has been submitted, but which on further investigation is not sufficient to justify any medical priority. The accepted cases are graded into low, intermediate and high priority.

Medical priority is based on risk to life, danger to health, and severe hardship in that order. Low priority recommendation does not usually result in immediate approval for rehousing, but it gives the committee notice of such cases and may allow some alternative action. Cases with high priority are usually rehoused as soon as suitable accommodation becomes available, and those with intermediate priority within a few months.

Cases investigated

	1967	1966	1965
Applications received	166	128	144
Recommended for rehousing	123	76	80
Not recommended	17	37	56
Applications withdrawn or dealt with by another procedure	26	15	8

Priority of cases recommended for rehousing

	1967	1966	1965
Low priority	70	38	39
Intermediate	48	34	38
High	5	4	3

Cases approved by committee for rehousing

Grade	*Permanent Housing*	*Temporary Housing*	*Total*
Low priority	7	9	16
Intermediate	31	9	40
High Priority	4	1	5
Total	42	19	61

All seven persons in the low priority group allocated permanent dwellings were aged between 68 and 80 years. This group would not normally have been rehoused so soon except for the opening of some multi-storey flats with accommodation for the elderly. This provided an opportunity for rehousing a few elderly persons while their health was still reasonably good. This is the ideal to strive for, but unfortunately because of pressure on housing, those who are already in poor health must of necessity receive first priority.

The nine persons in the low priority group given temporary accommodation also had major social problems, and in many of these cases rehousing prevented the break-up of the family unit.

All of those in the high priority group and over 80% of those in the intermediate group were rehoused.

Age groups of those recommended for rehousing

Children	24
Working age	53
Elderly and retired	46
Total	123

Illnesses of recommended cases

Illness	*Number of cases*	*Number rehoused*
Diseases of heart and lungs	50	26
Systemic disease	14	7
Disease of Locomotor system (excluding neurological disease)	23	9
Neurological disease (including strokes, etc.) ..	10	10
Mental ill health	26	9
Total	123	61

SECTION IV

INFECTIOUS DISEASES

Report by Dr. R. P. Ryan,
M.B., B.S., D.P.H.
Deputy Medical Officer of Health

(a) EPIDEMIOLOGY

Streptococcal Infections

Thirty-eight cases of scarlet fever were notified, nearly three times as many as last year and the highest number since 1962. Twenty-six of them were resident in Blackbird Leys, of these, 19 occurred in the first three months of the year. Rather more than half the cases notified (21) were in children aged 5—10 years, and there was a small outbreak of 9 cases in a primary school at the end of January. No case of erysipelas was notified.

Whooping Cough

At 180, the number of notifications was the highest since 1957. Only 8 were recorded in the first four months of the year. The heaviest incidence was in Blackbird Leys, where 69 cases were notified. The seasonal incidence was heaviest from August to November, when 133 cases were notified (68%). Nineteen cases occurred in children less than a year old. During 1967, the Health Department co-operated in a national investigation of the efficiency of vaccines at present in use. Doctors were asked to notify cases on suspicion, so that bacteriological studies could be made. This is likely to have inflated this year's figures considerably, both because an increased interest in the disease may have made doctors readier to notify it, and because they may have notified more cases than usual in which they were uncertain of the diagnosis. An analysis of notified cases will be found in sub-section (*e*). In 61 cases (34%) the diagnosis was doubtful or unconfirmed, and in 95 (53%) the severity of the illness was considered to be mild.

Poliomyelitis

One case of paralytic poliomyelitis was notified to the Department in January, the first since 1961. The patient was a man aged 23 years who had moved into Oxford only a few months previously. He had never been given polio vaccine, largely because he, his younger brother and his mother had all had an illness in 1949 which was thought to have been

poliomyelitis. Those of his immediate contacts who were unprotected were given oral polio vaccine, and a thorough enquiry to discover the origin of his infection was made. This indicated that he was infected outside the City. No other case of poliomyelitis was notified in the City. There were no cases notified in surrounding authorities in the last three months of 1966 and the first three months of 1967.

The patient's degree of paralysis was severe and he was admitted to the respiration unit of the Churchill Hospital, as a precaution, but never needed to be nursed in a respirator. He eventually made a fair recovery but with a considerable degree of residual paralysis, especially of one lower limb.

Diphtheria

No case was notified. The last occurred in 1949.

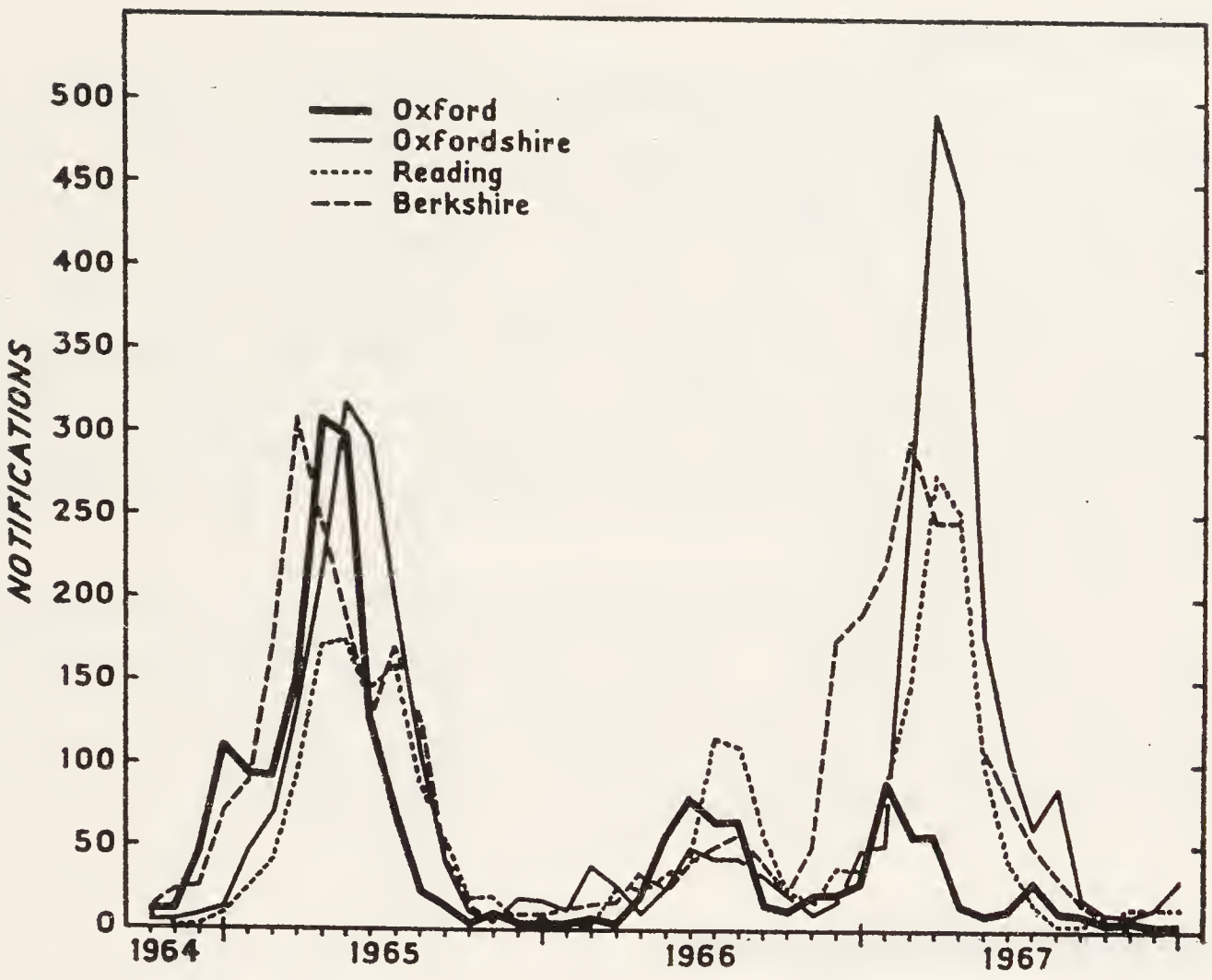
Measles

During 1967, 321 cases of measles were notified, and of these, 213 (66%) occurred during the first three months. For many years before 1967, the incidence of measles in Oxford followed the classical pattern of biennial epidemics, and for twenty years there have never been fewer than 1,000 notifications during a year with an odd date. In 1967, however, the expected epidemic did not occur. Oxford's experience in this respect was different from that of neighbouring local health authorities, and from that of the country as a whole. The following table shows the figures for England and Wales, Oxford and the surrounding areas, for comparison.

Measles Notifications per 100,000 population

Area	1965	1966	1967
England and Wales	1,040	714	958
Oxford C.B.	1,200	408	293
Oxfordshire C.C.	1,480	369	1,708
Berkshire C.C.	1,520	778	1,279
Buckinghamshire C.C.	1,385	602	1,186
Reading C.B.	980	535	917

The following graph shows the monthly incidence in most of these areas, since the last few months of 1964.



There is a large difference between Oxford and England and Wales and an even more striking contrast between Oxford and the immediately surrounding local authorities of Oxfordshire and Berkshire.

Measles vaccination on a community basis was introduced in Oxford on 1st May, 1966. An account of the progress of the measles vaccination programme is given in the sub-section on vaccination and immunisation. No other local authority in the Oxford region has yet offered measles vaccination on a community basis, and the national programme is due to start during the summer of 1968. It is reasonable to attribute the low incidence of measles in Oxford in 1967 to the vaccination programme, which prevented the appearance of a susceptible cohort of infants among whom the infection could spread.

In the last five epidemic years, the average number of notified cases of measles in Oxford has been 1,385 whilst a similar average for the non-epidemic years has been 341. As the total notifications in 1967 were only 321, it can be deduced that about 1,000 Oxford children were saved from measles in 1967. According to the results of the Public Health Laboratory service investigation (1964) some 67 of these thousand children, had they contracted measles, would have suffered from at least one complication (38 a severe infection of the respiratory tract; 25 otitis media; and 4 a neurological complication), and 12 would have been admitted to hospital.

Meningococcal Infection

One case of meningococcal septicaemia and meningitis occurred in a two-year old girl.

Bacillary Dysentery

Seven cases of Flexner dysentery were notified. Of these, 5 had recently arrived in this country from the Indian sub-continent. One of the other two was a household contact of two of the first five, and the remaining case was infected in Africa. One of the patients infected in India was found to have been simultaneously infected with Salmonella newport and Salmonella havana (see below). One case of dysentery due to Shigella dysenteriae occurred in a woman who had recently returned to this country from Australia, via Hong Kong, Bangkok and New Delhi. This patient was found to have been simultaneously infected with Salmonella anatum (see below).

Seventy-one cases of Sonne dysentery were reported, of which 30 were children under 5 years old. These occurred sporadically throughout the year and throughout the City, although the heaviest incidence (23) was in Blackbird Leys. No general outbreaks occurred, although in several instances there was more than one case in a household.

Typhoid and Paratyphoid Fevers

One case of typhoid was notified. The patient was a boy aged 13 years, who had recently returned from a visit to the south of Italy. His history suggested that his illness in this country could have been a relapse from an earlier attack, inadequately treated, which occurred while he was on holiday. After admission to hospital here, he soon recovered. No members of his family were affected, and a close watch was kept at his school, which he had attended for a week after coming back from Italy. No secondary cases occurred.

One case of paratyphoid fever was notified. The patient was a youth aged 19 years who had been tramping about the south west of England doing odd jobs and sleeping rough. He happened to be taken ill while in the neighbourhood of Oxford. He could give only a vague account of his movements and so it was not possible to discover the origin of his infection.

Food Poisoning

Seven cases of food poisoning were recorded during the year. All were isolated cases. Two of the patients had bacillary dysentery as well (see above) and one of these was infected with two Salmonella organisms. The table below gives details of the organisms. The patient infected with Salmonella infantis was aged 88 years.

PARTICULARS OF OUTBREAKS

Causative agent	General outbreaks		Family outbreaks		Sporadic cases notified or ascertained	Total Cases
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		
Salmonella:						
(*a*) anatum	—	—	—	—	1	1
(*b*) bovis morbificans	—	—	—	—	1	1
(*c*) infantis	—	—	—	—	1	1
(*d*) newport and havana	—	—	—	—	1	1
(*e*) typhi-murium	—	—	—	—	2	2
Cl. welchii	—	—	—	—	—	—
Staphylococci	—	—	—	—	—	—
Other causes	—	—	—	—	—	—
Cause unknown	—	—	—	—	1	1
	—	—	—	—	7	7

Leprosy

At the beginning of the year, there was one patient on the register of sufferers from this disease. One notification was received and there were two patients on the register at the end of the year, a man aged 32 and a woman aged 34 years.

Infective Hepatitis

This illness became notifiable on 1st January, 1967. Twenty-eight notifications were received, nearly all of which were sporadic cases. There was one small outbreak at an infants' school, which has been described in the report of the Principal School Medical Officer.

Twenty-two of the notifications were in the first half of the year, and 16 occurred in the second quarter, at the time of the school outbreak. Fifteen of the patients were aged between 5 and 10 years, and only three were over 45 years old.

Because of the expanding service of dialysis, which is now being extended to domiciliary practice, it is becoming increasingly important to identify and keep a check on cases of this disease. A weekly report of notified cases is now made to the United Oxford Hospitals.

Glandular Fever

This illness became notifiable on 1st January, 1967; 85 notifications were received; 55 male and 30 female. Eighty of the patients (95%) were aged 15—34 years. Geographically, the highest incidence was in the North Oxford ward (37 cases—44%) which reflected a high incidence among undergraduates.

Undergraduates accounted for 45 cases (53%). In addition, there were two research students, three medical students, and twelve members of the staff of the United Oxford Hospitals.

Monthly incidence did not vary much, with a maximum of 15 cases in May and a minimum of 2 cases in August.

NOTIFIABLE INFECTIOUS DISEASES SINCE 1948

DISEASE	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	76	115	39	76	102	136	35	23	24	29	56	94	118	56	70	37	23	14	13	38
Erysipelas	25	33	24	15	18	20	21	16	1	10	10	8	13	17	8	12	7	8	12	—
Puerperal Pyrexia ..	49	77	53	64	126	117	105	149	116	93	100	47	47	41	26	41	78	37	17	8
Ophthalmia neonatorum	59	83	18	13	18	47	47	37	64	64	50	14	18	18	4	1	2	1	—	3
Pemphigus neonatorum	17	9	2	3	1	2	—	1	—	1	—	1	2	2	—	—	—	—	—	—
Diphtheria	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	1472	1141	986	1294	461	2376	13	1001	888	1220	139	1117	409	1711	429	1593	280	1285	449	321
Whooping Cough ..	573	240	586	741	71	367	302	90	29	213	23	40	55	80	2	41	87	21	33	180
Pneumonia	60	76	79	96	64	91	71	81	65	71	51	56	22	34	22	38	16	11	11	22
Poliomyelitis—																				
Paralytic .. }			} 7	4	4	6	2	13	1	6	1	—	—	1	—	—	—	—	—	1
Non-paralytic }	9	19	} 1	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis—																				
Infective	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Post-infectious	—	—	—	1	—	—	—	—	4	—	—	—	—	1	—	1	—	1	1	1
Meningococcal infection	4	2	—	4	2	5	3	6	—	2	3	2	2	3	—	—	1	—	3	1
Typhoid Fever	1	—	2	—	—	—	—	1	1	—	—	1	—	—	1	1	—	—	2	1
Paratyphoid	1	—	2	—	—	—	2	2	—	—	—	2	2	1	—	2	1	—	—	1
Bacillary Dysentery ..	26	16	30	255	68	79	233	66	526	127	28	90	125	101	20	68	79	116	50	79
Amoebic Dysentery ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—
Food Poisoning ..	13	27	10	21	40	25	37	119	154	21	72	26	23	6	13	100	39	68	11	7
*Infective Hepatitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28
*Glandular Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	85

*Became notifiable on 1st January, 1967.

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1967

NOTIFIABLE DISEASES	Cases notified in whole district Ages in years													Total number of cases in each ward							
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town and W'cote	North	West	South	East	H'ton and M'ton	Cowley and Iffley	Blackbird Leys
Scarlet fever	38	—	1	3	4	6	21	—	—	3	—	—	—	—	2	—	2	3	3	2	26
Puerperal pyrexia ..	8	—	—	—	—	—	—	—	3	5	—	—	—	—	8	—	—	—	—	—	—
Ophthalmia neonatorum	3	3	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—
Measles	321	15	46	41	45	62	89	15	2	4	1	1	—	98	38	15	22	15	39	15	79
Whooping cough	180	19	8	21	32	20	71	4	2	1	2	—	—	7	4	3	6	12	34	45	69
Pneumonia	22	—	—	—	1	—	1	1	—	2	1	7	9	4	1	6	3	4	4	—	—
Poliomyelitis—paralytic	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Acute encephalitis—post-infectious	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—
Meningococcal infection	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Typhoid fever	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Paratyphoid	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Bacillary dysentery ..	79	5	7	6	8	5	14	6	1	15	5	7	—	4	3	4	8	6	16	15	23
Food poisoning	7	—	—	—	—	—	—	1	—	4	—	1	1	1	2	—	1	—	1	2	—
Infective hepatitis ..	28	—	—	—	—	—	7	8	4	6	2	—	1	4	4	—	—	6	4	9	1
Glandular fever	85	—	—	—	—	—	—	1	29	51	3	1	—	17	37	6	11	3	8	3	—
	776	42	62	72	90	93	203	37	43	92	14	17	11	136	101	34	53	49	112	93	198

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital	Eye Hospital
Scarlet fever	—	—	2	—
Puerperal pyrexia	8	—	—	—
Ophthalmia neonatorum	1	—	1	1
Measles	4	—	2	—
Whooping cough	—	—	6	—
Poliomyelitis—paralytic	—	1	—	—
Acute encephalitis—post infectious	—	—	1	—
Meningococcal infection	—	—	1	—
Typhoid fever	—	—	1	—
Paratyphoid B	—	—	1	—
Bacillary dysentery	—	—	2	—
Food poisoning	—	—	1	—
Infective hepatitis	—	—	7	—
Glandular fever	14	—	9	—
	27	1	34	1

(b) THE SLADE HOSPITAL. Infectious Diseases Department

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. Daphne M. Humphreys, M.B., B.S., M.R.C.P., D.C.H., Resident Medical Officer, resigned in August, and the following Report, included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department, has been prepared by her successor, Dr. Audrey J. E. Flower, M.B., B.S., D.C.H.

"The total number of admissions was 384, 27 fewer than the previous year.

Non-specific gastro-enteritis was the illness with the highest incidence, 24 children and 18 adults being admitted.

There were 41 cases of measles, none having had previous measles vaccination. 9 of the patients were from Oxford City where a mass measles vaccination campaign started in May, 1966. 32 of the patients were 6 years or under and of these 13 were under 3 years. One young child had underlying fibrocystic disease; another was in the middle of a course of lung irradiation for metastases from a Wilm's tumour, whilst a third was both an epileptic and a spastic. None of these children had had measles vaccination but such children would have been better protected. 14 patients developed pneumonia, 4 croup, 3 bronchitis and 1 mild encephalitis. 2 children presented with fits, and one child with meningism.

Glandular fever, with 33 cases, followed measles in the incidence of admissions; 29 had a positive Paul Bunnell.

There were 28 patients with chickenpox, one being a 2 year old child with pneumonia who developed status epilepticus and died.

Since June, the Infectious Diseases' Department have been co-operating with Drs. MacCallum and Juel-Jensen in a trial of an anti-viral agent 5% Idoxuridine in Dimethyl Sulphoxide on the skin lesions of patients with herpes zoster. The clinical impression has been that the antiviral agent was effective in hastening the healing of the skin lesions, but as the result was not clearly decisive a double blind trial has commenced as from the beginning of 1968. Of the 13 cases of herpes zoster, 9 had involvement of the ophthalmic division of the 5th cranial nerve. Of these, 2 patients aged 80 plus developed encephalitis, and although both recovered consciousness, neither returned to their previous mental state and could not be discharged home. Of the remaining four patients, one had herpes zoster of cervical roots II and III; one of thoracic roots II and III; one of lumbar roots II, III, IV, and one of sacral roots I and II. None of these patients were found to have associated lymphoma or malignant disease.

Whooping cough cases have occurred throughout most of the year and particularly since August. Of the 25 patients admitted, 10 were under 1 year of age, of which two fully vaccinated had modified illnesses. There were a further 5 fully vaccinated children over the age of 1 year, of whom one had a severe illness, the others being modified. One patient, a gipsy aged 23 years who had not been vaccinated, was quite ill for three weeks with severe spasms of paroxysmal cough and vomiting. Of all the patients, only 5 were bacteriologically positive for Bordetella pertussis; 3 from pernasal swabs and 2 from cough plates. One reason for this is that most of these patients had started a course of a broad spectrum antibiotic before admission.

The Shigella-Salmonella-E. coli group accounted for 25 admissions. There were 17 cases of dysentery, 7 salmonella infections and 2 pathogenic B. coli. Among the salmonellae grown were Takoradi, Newport, Havana, Infantum, Typhi-murium and Virchow.

Of the 10 patients admitted with meningitis, 2 had mumps, one meningococcal septicaemia, and one a bacterial meningitis from which the organism was not recovered because of previous antibiotic therapy. The remaining 6 patients had virus meningitis, although no virus was recovered from the cerebro-spinal fluid.

Of the 19 cases of mumps, one developed encephalitis but made a complete recovery.

There were 2 cases of typhoid. A girl who had been camping in Yugoslavia had a modified illness thanks to recent T.A.B. vaccination, and a man became ill whilst on holiday in Sicily. The 2 cases of paratyphoid occurred in campers—one was a student on holiday in Germany, and the other an unstable character who had been "living rough" around the English countryside during the late summer—neither were very ill.

Among the patients admitted with staphylococcal infections, one deserves particular comment. A neonate of three weeks who developed the "scalded baby" syndrome or Epidermal necrolysis looked exactly like a scalded baby with lobster coloured skin and peeling on the face, limbs and trunk. She was born at Bicester Hospital and had developed umbilical sepsis which had spread—the organism grown from the umbilicus in this patient was a fully sensitive staphylococcus aureus, in contrast to most of these infants in whom a resistant staphylococcus of Phage type 71 is recovered.

Among the unclassified list of patients were 3 cases of secondary syphilis and one of gonorrhea. A veterinary surgeon had brucellosis and a farmer's wife had Orf. One student had tuberculous peritonitis which developed some months after doing a university project in Boffinland. There were 10 cases of pyrexia of unknown origin; 4 cases of cellulitis; 3 urinary tract infections; 2 cases of mesenteric embolism (1 died); 2 cases of acute leukaemia (1 died); and 5 patients with minor illness admitted for social reasons.

Other single patients in this unclassified group included:—Drug eruption, taeniasis, scabies, chlorpromazine jaundice, anterior chest wall abscess, herpes simplex genitalia, cervical myalgia, acute otitis media, acute epididymo-orchitis, Crohn's disease, perforated duodenal ulcer in patient with multiple sclerosis, subarachnoid haemorrhage in infant, napkin rash, infected meningomyelocele and pulmonary embolism.

There were 6 deaths; a man of 67 with gastro-enteritis who was on anticoagulants for cardiovascular disease and had a sudden severe gastro-intestinal haemorrhage; a young man of 31 years with acute leukaemia and an overwhelming infection; an infant with an infected meningo-myelocele and hydrocephalus; a child of 2 years with chickenpox, bronchopneumonia and status epilepticus; a patient with rheumatic heart disease and pulmonary embolism; and a patient with myocardial infarction who had a superior mesenteric artery embolism with bowel infarction.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1967

	Admissions	*Deaths*
Measles	41	—
Glandular fever	33	—
Chickenpox	28	1
Whooping Cough	25	—
Gastro-enteritis—non-specific—children ..	24	—
Infective hepatitis	20	—
Mumps	19	—
Gastro-enteritis—non-specific—adults	18	1
Dysentery	17	—
Tonsillitis or quinsy	15	—

Herpes zoster	13	—
Upper respiratory tract infection	12	—
P.U.O.	10	—
Pneumonia	9	—
Salmonellosis	7	—
Staphylococcal infections	6	—
Virus meningitis	6	—
Rubella	5	—
Typhoid and paratyphoid	4	—
Cellulitis	4	—
Secondary syphilis	3	—
Scarlet fever	3	—
Ophthalmia neonatorum	3	—
Urinary tract infection	3	—

There were two cases each of acute leukaemia, influenza, and pathogenic E. coli.

Single cases included puerperal pyrexia, erysipelas, meningococcal infection, brucellosis, orf, otitis media, gonorrhoea, taeniasis, scabies, tuberculous peritonitis, herpes simplex genitalia and cervical myalgia.

There were four instances where mothers accompanied sick children or vice versa."

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are as follows:—

	Proportion of whole-time
Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals	3/11ths
Mrs. D. Hicks, Medical Social Worker, Chest Clinic	3/11ths
Miss G. M. Lawrence and Miss E. Dudson, Tuberculosis Health Visitors each	Half-time
1 Clerk	3/11ths

B.C.G. scheme for the University and Colleges of Further Education

Undergraduates at the University and students at the College of Further Education were encouraged to accept protection against tuberculosis through vaccination with B.C.G. Clinics were arranged at 60 St. Aldate's and at the College of Technology. The figures for attendance at these clinics are as follows:—

	University				College of Technology			
	1967		1966		1967		1966	
Number accepting offer of Heaf testing ..	168		281		30		96	
Number attending for Heaf tests	124	74%	171	61%	13	43%	84	88%
Number attending second session for reading and B.C.G. ..	110	65%	154	55%	12	40%	74	77%
Number of positive reactors to Heaf test ..	34*	32%	53	29%	4	33%	43	58%

* Seven of these students had had B.C.G. previously, so the corrected incidence of unexplained positive Heaf tests was 24%.

The follow-up of positive reactors did not reveal any active tuberculosis.

It is obvious from these figures that enthusiasm amongst students and undergraduates has waned considerably, though even last year's figures represent only a small proportion of the student body to whom the service was offered.

However, the Society of College Doctors have decided to take more active steps to encourage attendance at the University B.C.G. clinic in future, so it is hoped that undergraduates will respond in greater numbers next year.

Table A

New cases and mortality during 1967

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ..	—	—	—	—	—	—	—	—
1— ..	—	1	—	—	—	—	—	—
2—4 ..	3	—	—	—	—	—	—	—
5—9 ..	1	1	—	—	—	—	—	—
10—14 ..	2	—	2	—	—	—	—	—
15—19 ..	2	—	—	—	—	—	—	—
20—24 ..	1	2	—	—	—	—	—	—
25—34 ..	12	1	3	—	—	—	—	—
35—44 ..	3	1	—	—	—	—	—	—
45—54 ..	9	1	1	—	—	—	—	—
55—64 ..	13	2	1	1	—	—	—	—
65—74 ..	3	1	—	—	—	—	—	—
75 and over	1	—	—	—	—	—	—	—
Totals ..	50	10	7	1	—	—	—	—

TABLE B

Progress of notification

Year	Pulmonary	Non-Pulmonary	Total
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85
1961	53	7	60
1962	71	5	76
1963	70	25	95
1964	97	17	114
1965	71	5	76
1966	52	7	59
1967	60	8	68

Dr. F. Ridehalgh reports as follows:—

Total tuberculosis notifications rose from the record low level of 59 in 1966 to 68 in 1967. Respiratory notifications rose from 52 to 60. The mean annual figures for the preceding decade were 80 and 70 respectively. The 1967 rise coincided as usual with a visit from the Mass Radiography Unit. Statistics for the Chest Clinic area (which includes most of Oxfordshire and part of North Berkshire) show that 31% of new respiratory notifications are sputum positive on diagnosis, and 41% are classified as moderately or far-advanced on diagnosis: there is no reason to think that the City area differs substantially from this. In the list of notifiable infectious diseases for 1966, tuberculosis is exceeded only by measles, morbidity from which may now be expected to diminish very quickly. It seems clear that tuberculosis remains an endemic disease in which morbidity falls only slowly, although mortality has practically vanished: the average annual decline in morbidity in the decade 1957—1966 was 0.2 per annum for respiratory cases and 0.4 for all forms.

Of the non-respiratory cases, one renal case occurred in a child, there were 2 adult cases of urogenital tuberculosis, one spine and 4 cervical glands, in one of which (a West Indian) there was also miliary spread. One respiratory case also had renal tuberculosis. Two other respiratory cases also had miliary spread, making 4 cases in all of acute disseminated tuberculosis, none, luckily, with meningitis.

Of the 60 respiratory cases there were 8 in children, 44 in men and 8 in women. The greatest morbidity in men was, as usual, in the older age group with 26 out of 44 at ages over 45, whereas 5 of the 8 female

cases were aged 30 or under. Two cases, both male, occurred in undergraduates and were discovered by routine X-ray. One case was found by the same method in a doctor on the hospital staff, and one other doctor was found to have a relapse of earlier tuberculosis. There were no new cases in nurses.

Tuberculosis in immigrants

Of the 68 total notifications, 22 occurred in immigrants, including 16 adults and 6 children. A source of infection was demonstrated in all these children, of whom 3 were from India or Pakistan and 3 from the West Indies. The adult immigrants came from the following countries:—

India or Pakistan	5
West Indies	5
Kenya (Indian)	1
Chinese	2
Aden	1
Spain	1
Italy	1

Only two other immigrant cases were found in the clinic area outside the City, both Spanish. Practically all these cases were discovered by routine tuberculin testing and X-ray of new immigrants traced through the Immigration Officers, with B.C.G. vaccination of negative reactors, routine X-ray and skin testing of hospital staff, contact chasing related not only to definite cases but to strong tuberculin reactors, and especially by the alertness of local practitioners in referring new immigrants coming on to their lists. The fact that this work is going on all the time is probably responsible for the relatively poor yield from the Mass Radiography Survey of immigrants this year.

Examination of new immigrants referred by the Medical Officer of Health

Number skin tested	157
Number negative	64
Number positive	90
Number vaccinated	54
Failed to attend for skin test reading	3
Refused B.C.G. vaccination	9

B.C.G. Vaccination and contact follow-up

The broad spread of contact-chasing to include home, work and social contacts both in Oxford and elsewhere has been maintained, with skin-testing, vaccination and X-ray being offered to the staffs of many shops, offices and other places where new cases had been found.

Deaths

There was no death directly attributable to tuberculosis. Of the 8 deaths of persons on the register, one man of 64 died from cor pulmonale and bronchitis to which old tuberculous damage was contributory. The remaining seven died from other causes including 5 cases of malignant disease of which 2 were carcinoma of lung.

Domiciliary Occupational Therapy

The staffing difficulties mentioned in my 1966 report seem to have been remedied and we are very grateful for the help given to our house-bound respiratory cripples. There is still a considerable number of such cases, many of them the result of old tuberculosis, and their disability creates many problems both financial and social. The regular attendance of an occupational therapist at the weekly case conference is most valuable and often brings to notice problems and crises which might otherwise be missed.

University Mass Radiography

The following table has been kindly supplied by Dr. F. H. Kemp.

Total number scheduled to attend	6,905
Total number attending for miniature radiography	5,884
Total number attending for large film—no M.R.	41
Total number recalled for large film	96
Total number attending for large film	137
Total number failing to attend	980
Presumptive active tubercle	2
Presumptive healed tubercle	7
Pleural thickening (diaphragmatic adhesions)	2
Inflammatory lesions	3
Other lung conditions and cardiac abnormality	3
Thoracic cage abnormality	6
Miscellaneous	1
No lesion seen	109

Social Welfare

The co-ordination of clinical, preventive and social care remains the keystone of our work, whether with tuberculous or non-tuberculous patients. I wish to express to medical social workers, health visitors and all concerned my appreciation of their team work. Much of this is concerned with matters which are not primarily financial, but respiratory crippling and poverty go hand in hand and many of the problems so created are less than fully covered by statutory provisions. The work of the Care Committee remains of the greatest value. Resources have fallen, but essential needs have been met, even if with a dangerously small margin. New ways of raising money must be found and are being actively sought. I wish to express to all the Committee my thanks for the time and care they devote to this cause.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a medical social worker who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary and compares this year with the three previous years. It should be noted that the figures given in this table includes patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New patients suffering from	1967		1966		1965		1964	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis—								
primary	1	—	—	—	1	—	—	—
secondary	7	—	5	—	1	—	—	—
cardio-vascular	—	—	—	—	2	—	—	—
of the nervous system	—	2	—	—	—	1	—	—
latent	9	1	14	4	15	3	8	4
congenital—								
under 1 year	—	—	—	—	—	1	—	—
under 15 years	—	—	—	2	—	—	—	—
Total	17	3	19	6	19	5	8	4
Gonorrhoea	107	28	142	32	183	64	186	50
Other conditions	378	114	358	148	360	154	378	122
Undiagnosed	8	6	3	1	—	—	5	1
Total new patients	510	151	522	187	562	223	577	177
Total attend-ances	1653	572	1680	663	2021	867	1996	705

Dr. P. C. Mallam reports:—

There can be no doubt that the student population forms a larger section of the patients than they did in the past, and that they tend to increase in numbers. We also get a good many patients referred from R.A.F. units, many of whom have taken the risk of, or acquired, an infection outside the United Kingdom. There have been no major changes in treatment routine, but the combination of sulphonamides with penicillin for acute gonorrhoea, rather than penicillin alone, seems to be the more effective method. We have not fortunately met any penicillin resistant cases.

There have been a few postgraduate visitors to the clinic, but there is no routine teaching of any kind given to students. The usual lectures to nurses and student midwives have taken place.

We are very sorry to have to record the death of Dr. Walley, who was so gentle and effective in her handling and treatment of female patients. Dr. Stephanie James, after carrying on by herself for some weeks, has now

got the valuable assistance of Dr. Jane Jackson, whose advent we welcome.

We are sorry to lose Miss Piesse, who has succumbed to the brain drain and gone to the U.S.A. but we are lucky, after rather a troublesome hiatus, to have Mrs. B. J. Mercer to replace her in a wholly satisfactory fashion.

The nursing arrangements have been satisfactory, though we are temporarily short of one qualified male nurse. A number of trainee nurses have been under regular instruction, and have proved themselves useful.

Dr. Stephanie James reports:—

Dr. Josephine Walley died in May, 1967, and she has been greatly missed both by the staff in the Women's Special Clinic and by the patients. She had known the long term patients for many years and her genuine interest in them as individuals had endeared her to them. She approached the work with freshness, vigour and fundamental sympathy which we endeavour to follow.

We have been fortunate in the appointment of Dr. Jane Jackson who has assisted in the clinic from March, 1967.

During the past year there has been a slight fall in new cases of gonorrhoea, but a rise in the age group 16—19. We continue to see a high proportion of cases of trichomonas vaginalis and monilial infections, some of which are seen as contacts of male clinic cases with non-specific urethritis.

Mrs. B. J. Mercer (Medical Social Worker) reports:—

There has been a slight decrease in the number of new patients attending the clinic, and the total of new cases of syphilis, gonorrhoea and other conditions treated, numbered 661, compared with 709 in 1966. There has been a 5% decrease in the total attendances of all patients with all conditions from 2,343 in 1966 to 2,225 in 1967.

There was only one male treated for primary syphilis, and out of the seven treated for secondary syphilis, only one was in age group 18—19. New cases of gonorrhoea decreased, but there was a 30% increase in the number of new cases of non-gonococcal urethritis.

In Table I the age groups of new cases of gonorrhoea is given and it shows a slight increase in the age groups 19 and under. This appears to be entirely due to the rise in the number of female cases with this infection in the age group 16—17. This increase in turn contrasts with the general decrease in the total number of new cases of gonorrhoea.

Table II shows the country of origin of patients attending the clinic. As noted in the previous two years, there has continued to be a decrease in the number of West Indian patients attending the clinic, but with a corresponding slight increase in those representing other nationalities.

There continues to be a steady number of young people, many of whom are students, attending the clinic for various reasons, often with non-specific forms of infection. Most of these young people seem to find it helpful to talk to the Medical Social Worker about their feelings, but a few do seem to have a real difficulty in communicating with anyone who might represent authority to them.

One of the greatest problems common to those who attend the clinic seems to be a sense of social isolation. This problem has been commented on by previous social workers in past records, and indeed, has been a recurring theme. The problems of loneliness and adjustment to a new way of life seem to be common to students and immigrants alike, but there are also those who are left alone as a result of broken homes and marriages. These people sometimes seek consolation in casual relationships and become infected as a result.

Possibly owing to a failure in sex education and lack of informed publicity, many people who attend the clinic are filled with fears and phobias about venereal disease and its implications. These people often find it helpful to sit and talk over their innermost fears and feelings with a skilled social worker who has some understanding of their problems. Many people are shocked to find that they have any form of venereal disease, believing it to be associated only with dirt and promiscuity. Others fear long-term physical effects and are surprised to learn that their condition can usually be treated quickly and effectively. Patients also express surprise that the attitude of all the clinic staff is one of friendly acceptance rather than one of punitive moral disapproval. Often, as a result of these preconceived ideas, patients suffer considerable mental and physical discomfort before plucking up courage to attend the clinic. Perhaps this could be avoided by more widespread and enlightened publicity.

The systems for following up patients who fail to complete their treatment and for tracing contacts continue to operate. However, these would not function as effectively without the prompt help and co-operation of the specially designated health visitors in Oxford City and Oxford County. We continue to be indebted to them for their help.

This year there have been many changes of staff on the social work side. Miss Piesse left to go to a post in the United States in August and for a short time the medical social work for the clinic was shared between Miss Turner and Miss Wilson. Mrs. Mercer then took over in October.

The clinic is once more fortunate to have an efficient secretary in Mrs. Kelly who took over the work in July. She continues to be responsible for all the statistical work as well as the reception of the patients in the female clinic. Mrs. Kelly has shown a considerable maturity of approach to a difficult job which combines the need for a strong sense of responsibility and a "head for figures".

TABLE I

Age Groups of New Cases of Gonorrhoea

	1967			1966		
AGE GROUP	Male	Female	Total	Male	Female	Total
Under 16	—	—	—	—	1	1
16—17	1	5	6	1	2	3
18—19	8	4	12	8	2	10
20—24	32	11	43	49	12	61
25 and over	66	8	74	84	15	99

TABLE II

Country of Origin of New Cases of Gonorrhoea and Syphilis

Country of origin	Gonorrhoea		Primary and secondary syphilis	
	Male	Female	Male	Female
West Indies (Negro) ..	16	2	1	—
Africa (Negro) ..	2	1	—	—
Other Negro	4	—	—	—
Asia	2	—	2	—
Mediterranean	1	—	—	—
United Kingdom ..	69	21	12	3
Eire	6	1	—	—
Europe (others) ..	6	2	2	—
All other non-negro ..	1	1	—	—
Total new cases ..	107	28	17	3

Table showing the incidence of new cases of Venereal Disease in City Residents from 1948—1967

	MALES		FEMALES	
	Syphillis	Gonorrhoea	Syphilis	Gonorrhoea
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16
1960	4	77	3	14
1961	1	104	2	20
1962	7	143	9	26
1963	10	145	4	40
1964	6	125	3	38
1965	10	119	5	47
1966	13	95	2	24
1967	13	64	1	15

(e) VACCINATION AND IMMUNISATION

1. Vaccination against Smallpox

Successful vaccinations performed during the year:—

Age at date of Vaccination in months	0—2	3—5	6—8	9—11	12—23
Number vaccinated (primary)	1	16	20	115	900
Number re-vaccinated	—	—	—	—	—

Age at date of Vaccination in years	2—4	5—14	15 and over	Total
Number vaccinated (primary)	151	16	6	1,225
Number re-vaccinated	22	125	15	162

General Practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946, carried out 45 primary vaccinations and 130 re-vaccinations during the year.

The fall in the number of re-vaccinations of adults (from 452 last year to 15 this year) is due to a change of policy in that General Practitioners now carry out vaccination against Smallpox for Travellers instead of this being done at the weekly Travellers' clinic.

Routine primary vaccination of children is carried out at 12 months of age, as the last procedure in the schedule of primary prophylactic immunisations.

Analysis of Health Visitors' records at the end of the year of all 2 year old children (i.e. those born in 1965 and who therefore may be expected to have completed their primary immunisation schedule) shows that 62% were successfully vaccinated against smallpox.

Comparable figures for the vaccination rate for the last ten years are as follows:—

Year	Vaccination Rate	Comments
1958	63%	Based on figures for babies under 1 year of age
1959	68%	
1960	71%	Based on figures for babies under 2 years of age
1961	66%	
1962	92%*	
1963	21%†	
1964	57%	
1965	67%	
1966	69%	Based on Health Visitor's review of 2 year old children
1967	62%	

*This high rate was due to outbreaks of smallpox in the country
†Policy changed, vaccination recommended in second year of life.

No serious reactions or complications of vaccination occurred during the year.

The declining vaccination rate is disquieting, and indeed four Health Visitors report a rate of 50% or less amongst their two year olds. Discussions have been held with Health Visitors regarding their "hard core" of difficult families who are averse to immunisation, but there does not appear to be an easy solution to this problem.

In June the department took over from the Public Health Laboratory Service the task of distributing lymph to General Practitioners, and arrangements are working smoothly. During the year we continued to test the potency of batches of Smallpox vaccine on behalf of the Lister Institute. The results for the 11 batches tested were as follows:—

Batches of Lister Vaccine tested in 1967

Vaccine Batch Number	Number of Vaccinations	Number inspected	Number of successful results	Number of failures	% of successful results
3114	47	44	42	2	96
2123	77	74	70	4	95
3135	95	95	85	10	90
3346	80	80	75	5	94
3430	108	104	101	3	97
3623	124	121	116	5	96
3710	89	84	78	6	93
3722	82	80	75	5	94
3867	115	113	103	10	91
3927	171	170	157	13	92
4100	95	95	90	5	95
Total	1,083	1,060	992	68	94%

Twelve of the children (25 vaccinations all told) in whom vaccination failed showed some resistance to successful protection in that a second attempt also failed to produce a Major reaction.

The remainder of the failures were largely due to errors of technique and result from the attempt to obtain the smallest size of Major reaction, with minimal scarring, consistent with protection against smallpox.

Vaccination record cards were amended during the year as a result of the re-classification of the results of vaccination into the categories of Major reaction, Equivocal reaction and No local reaction. Only a Major reaction indicates that full immunity is developing; any other reaction suggests the need for another attempt at vaccination.

2. Immunisation against Diphtheria, Pertussis and Tetanus

The following table shows the number of primary immunisations completed and the number of reinforcing injections given during 1967:—

	Children born in years							
	1967	1966	1965	1964	1960–1963	Others under age 16	Total for 1967	Total for 1966
A. Number of children who completed a full course of primary immunisation—								
(i) Triple Antigen (DTP/Vac)	664	854	38	16	16	–	1588	1614
(ii) Combined diphtheria —tetanus prophylactic (DT/Vac/PTAH)	2	5	1	6	64	10	88	122
Totals	666	859	39	22	80	10	1676	1736
B. Number of children who were given a re-inforcing injection—								
(i) Triple Antigen (DTP/Vac)	—	7	18	3	12	1	41	41
(ii) Combined diphtheria —tetanus prophylactic (DT/Vac/PTAH)	1	1	11	50	1324	62	1449	1454
Totals	1	8	29	53	1336	63	1490	1495

Comments

(i) General practitioners gave 5 of the 1,676 primary courses and 27 of the 1,490 reinforcing doses during the course of their normal surgeries. As in previous years the staff of the Health Department and General Practitioners holding Child Health Clinic sessions gave the majority of these immunising injections. From these figures it will be seen that the revised system of payment of General Practitioners by the Executive Council for immunising their patients during their normal surgeries has so far had little effect on the pattern of immunisation in Oxford.

In view of this, and requests by General Practitioners to be notified of the immunisations carried out in Child Health Clinics on their practice children, a scheme was arranged whereby an Executive Council form E.C.7 is completed for each child for whom an immunisation record card is filed in this Department. The completed forms are then returned to General Practitioners for filing in the patients' record envelopes. It is hoped that in the event of an injury to a child, the Practitioner will thus have immediately available a record of the child's immunity to tetanus.

(ii) Three injections of Triple Antigen at monthly intervals were again used throughout the year for the primary immunisation of babies,

preferably beginning at the age of four months. Reactions to Triple Antigen (DTP/Vac) at this age are usually absent or slight and are acceptable to parents. During the year moderate reactions occurred in 12 children, but in 3 of these the reaction was confined to localised swelling of the arm. The course of immunisation was completed by giving divided doses of Triple Antigen to 11, and in only one case was it thought desirable to complete the course with Diphtheria/Tetanus vaccine alone.

(iii) The majority of the 88 children completing a primary course of immunisation with Diphtheria/Tetanus vaccine were school children who had evaded earlier immunisation, and some of these also suffered from whooping cough before they reached school. The remainder were those in whom there were medical contra-indications to the use of Pertussis vaccine. Each year about 100 children evade immunisation with Triple Antigen during the first two years of life but it is reassuring to know that over 80% of these are at least protected against diphtheria and tetanus, even if somewhat belatedly.

(iv) At the end of the year Health Visitors' records of two year old children (1965 births) were again studied and showed that 92.3% of these children had been immunised against diphtheria, whooping cough and tetanus. Comparable figures for the past ten years are as follows:—

1958	..	..	82%
1959	..	..	83%
1960	..	..	88%
1961	..	..	91%
1962	..	..	92%
1963	..	..	89%
1964	..	..	90%
1965	..	..	93%
1966	..	..	93%
1967	..	..	92%

As in previous years, the majority of the 106 two year old children not protected came from "problem" or unco-operative families.

(v) The sharp rise in notified cases of Whooping Cough this year has been accompanied by a slightly lower proportion of cases in the immunised (68% as against 76% last year).

Details of all cases notified in 1967 are given in the following tables:—

Ages in years	0—1	1—	2—	3—	4—	5—9	Over 10	Total
Total Notifications ..	18	10	26	32	17	68	9	180
Notifications in Immunised children	2	9	25	25	13	46	3	123
ANALYSIS OF ALL NOTIFIED CASES Definite clinical or bacterial evidence of Pertussis	11	8	17	24	11	44	4	119
No evidence of Pertussis on investigation ..	2	—	—	2	1	3	1	9
Doubtful or incompletely followed up cases	5	2	9	6	5	21	4	52
Total	18	10	26	32	17	68	9	180

Details of notified cases of Whooping Cough (Clinically definite or bacteriologically proven) in immunised children:—

Age of child at onset		Age at first DTP/Vac. Injection		Interval between last injection and onset		Severity
Years	Months	Years	Months	Years	Months	
1	—		6		4	Severe
1	1		4½		6	Mild
1	2		4½		7	Mild
1	7		4	1	1	Moderate
1	8		4	1	2	Mild
1	8		5½		8½	Moderate
1	10		2	1	6	Left to U.S.A.
2	1		3½	1	7	Mild
2	1		2½	1	8½	Moderate
2	3		3	1	8½	Moderate
2	3		4½	1	8½	Mild
2	4		4	1	8	Mild
2	4½		3	1	11	Mild
2	6½		4	1	9	Mild
2	6½		3	2	1	Mild
2	9½		4	2	3½	Mild
2	10		4	2	3	Mild
2	11		3½	2	5	Very Severe
2	11		3½	2	5½	Mild
2	11		5	2	4	Severe
2	11		4	2	3	Severe
2	11½		3½	2	5½	Mild
2	11½		4½	2	4½	Severe
3	—		4	2	6	Moderate
3	½		4	2	4½	Moderate
3	1½		3	2	8	Mild
3	1½		4	2	8	Mild
3	2		6	2	6½	Moderate
3	2		3½	2	7½	Severe
3	4		3½	2	11	Moderate

Age of child		Age at first DTP/Vac. Injection		Interval between last injection and onset		Severity
Years	Months	Years	Months	Years	Months	
3	4		3½	2	10	Mild
3	4½		4	2	10	Mild
3	5½		4	3	—	Moderate
3	6½		4	3	1	Mild
3	7		5	3	—	Severe
3	7		5	2	11½	Moderate
3	7½		3½	3	1½	Mild
3	8½		4	3	2	Moderate
3	10		4	3	2	Mild
3	10½		7½	3	—	Moderate
3	11		3	3	6	Mild
4	—	1	4	2	3	Moderate
4	7		3	4	2	Moderate
4	7½		3	4	2	Mild
4	8		3	4	1	Mild
4	9		1	4	5½	Mild
4	10		3	4	5	Moderate
4	11		3	4	5	Moderate
4	11½		3	4	5½	Moderate
5	—		4	4	6	Moderate
5	—		4	4	5½	Severe
5	½		4	4	4	Moderate
5	1		4	4	5	Moderate
5	1		5½	4	5	Mild
5	1½		5	4	7	Moderate
5	2		4½	4	7	Mild
5	2		3½	4	8	Mild
5	2½		3	4	9	Moderate
5	4		4	4	9½	Severe
5	4½	1	6	3	5	Severe
5	6½		4½	5	—	Moderate
5	6½		5½	4	11	Severe
5	9½		3½	5	4	Moderate
5	10		6½	5	2	Mild
5	10½		4	5	4½	Mild
6	—		2	5	8	Mild
6	½		7	5	2	Moderate
6	1		5	5	6½	Moderate
6	3		4	5	9	Severe
6	5		3	6	—	Moderate
6	5		3½	5	11	Very mild
6	5		2½	6	—	Moderate
6	8		4	5	8	Moderate
6	8		2	6	4	Mild
6	11		3	6	5	Moderate
7	—		4	5	11	Severe
7	2½		4½	6	8	Moderate
7	2½		3	6	9½	Mild
7	9		4	7	1	Moderate
8	6		4½	8	—	Mild
9	10		3½	9	5	Mild
11	1		5½	10	5	Mild

Details of Severity of all Notified cases of Whooping Cough

	Severity				
	Mild	Moderate	Severe	Not known	Total
Definite clinical or bacterially proven cases in the immunised	36	32	13	1	82
Definite clinical or bacterially proven cases in the non-immune	14	12	10	1	37
Cases subsequently thought not to be Pertussis (Immunised and non-immunised)	9	—	—	—	9
Doubtful or incompletely followed up cases (Immunised and non-immunised)	36	11	—	5	52
Total	95	55	23	7	180

It can be seen that whereas 27% of cases in the unprotected were classified as severe, only 16% of cases in the immunised were in this category.

The relationship between the severity of the illness and the age at which immunisation was carried out is shown in the following table.

Severity of Whooping Cough in definite clinical or bacterially proven notified cases.

	Age at 1st injection of Triple Antigen					
Severity	Less than 2 months	2—3 months	3—4 months	4—5 months	Over 5 months	Total
Severe ..	—	—	1	7	5	13
Moderate ..	—	2	10	13	7	32
Mild ..	1	2	16	14	3	36
Unknown ..	—	1	—	—	—	1
Total ..	1	5	27	34	15	82

It appears from these figures that the severity of the subsequent whooping cough is not greatly influenced by the age at which immunisation is started.

Research into the problem of protection against whooping cough continued throughout the year, as part of the current Public Health Laboratory investigation. One of the main difficulties facing all such enquiries is the lack of precision in defining whooping cough, with the resultant variation that occurs in notification procedure. Routine swabbing of all possible cases of whooping cough has revealed that the clinical picture appears to bear little relationship to the presence or absence of the Pertussis bacillus. Even so, there appeared to be little evidence to support the notification of a case as whooping cough in 9 children, and it is known that positive nose or throat swabs have been found in 9 others who have never been notified as cases of whooping cough.

3. Poliomyelitis Vaccination

The schedule of immunisation has remained unchanged since it was introduced in 1962, and consists of three doses of Sabin (oral) vaccine at monthly intervals starting at the age of seven months, with a booster dose on primary school entry at the age of 5 years. Children who commence immunisation with Triple Antigen when they are over the age of seven months are given oral polio vaccine concurrently.

The table below shows the number of persons vaccinated against poliomyelitis during the year:—

	Sabin Vaccine	
	Full Course	Booster doses
Children born in 1967	227	—
,, ,, 1966	1,157	2
,, ,, 1965	100	13
,, ,, 1964	59	10
,, ,, 1960—1963	164	1,449
Others under 16	88	40
Others 16 and over	68	140
Total	1,863	1,654

A total of 158 school children were given a full course of vaccine at school compared with 279 in 1966, and represent those who had evaded immunisation in infancy.

Health Visitors' records at the end of the year showed that 91.6% of two year old children were fully immunised. Comparable figures for the past 10 years are as follows:—

Year	Vaccination Rate	Comments
1958	79%	Salk vaccine
1959	94%	Estimated vaccination rate for all children born since 1943
1960	over 90%	
1961	96%	Ministry of Health estimate
1962	60%	Based on figures for babies 1—2 years of age. Sabin vaccine introduced in March, 1962.
1963	67%	
1964	68%	
1965	91%	Based on Health Visitors' review of 2 year old children
1966	93%	
1967	91.6%	

The United Oxford Hospitals were supplied with 1,300 doses of Sabin vaccine for the protection of their staff.

4. Measles Vaccination

The Medical Research Council trial continued throughout the year, in an attempt to protect as many susceptible children as possible.

Vaccination against measles has now been accepted as a routine procedure at all City Child Health Clinics, and the regime of one dose of killed vaccine at about 10 months of age followed a month later by one

dose of live vaccine was continued. The immunisation schedule used at Child Health Clinics is as follows:—

Age of child	Procedure
4 months	1st Triple Antigen
5 months	2nd Triple Antigen
6 months	3rd Triple Antigen
7 months	1st oral Polio
8 months	2nd oral Polio
9 months	3rd oral Polio
10 months	Killed measles vaccine
11 months	Live measles vaccine
12 months	Vaccination against smallpox

The policy of carrying out immunisations at regular monthly intervals in this way, without a break, is undoubtedly an important factor in obtaining a high acceptance rate for all these procedures.

Health Visitors' returns at the end of the year showed that about 60% of Oxford's children under the age of 5 years who were susceptible to measles, have been vaccinated. In practical terms this has meant that the usual biennial epidemic of measles in England and Wales did not occur in Oxford this year, where notified cases have continued at the usual low inter-epidemic year level. This is in sharp contrast with the neighbouring Local Authority areas where the incidence of measles has been four times greater than in Oxford.

The figures for Oxford are as follows:—

	Number vaccinated against measles	Number of cases of measles notified	Number of cases in the vaccinated	Comments
1964	185	280	1	First Medical Research Council Trial.
1965	84	1,285	10	Follow-up period of Trial. Epidemic year.
1966	2,167	448	7	Routine mass vaccination started in May
1967	2,397	321	15	Routine vaccination continued. No Epidemic.

Out of a total of 321 notifications only 15 cases occurred in those who had been vaccinated against this disease. Of those 15 cases, five occurred within ten days of vaccination with live virus, and could have been either poorly attenuated attacks of the "wild" disease or reactions to the vaccine. Nine of the remainder had a very mild illness and only one boy had a moderately severe attack of measles. So far measles vaccination in Oxford appears to be a very effective method of preventing this disease. No adverse reactions to vaccination were reported during the year.

Measles vaccines, in common with all other prophylactic agents used by the department, have to be stored in a refrigerator at about 5%C. In an effort to maintain the potency of these vaccines, all Health Visitors and School Nurses have been issued with insulated vaccine carrier bags containing a special block of a proprietary frozen material which maintains the temperature in the bag below 10%C for periods up to 3 hours. These bags are used to transport vaccines between refrigerators and also to store vaccines for the short periods during which they are used in clinics where there is no refrigerator. They have proved very effective and far more durable than the former conventional thermos flasks used for this purpose.

5. Anthrax Vaccine

There were no requests for this vaccine, which became available in 1965.

6. Vaccination for Travellers

(*a*) *Yellow Fever.* Oxford has been one of the centres approved by the Ministry of Health for the provision of Yellow Fever Vaccination since 1960. Weekly sessions by appointment are held at 2 p.m. on Tuesday afternoons.

During the year 845 vaccinations were performed compared with 667 in 1966.

(*b*) *Other Diseases.* In view of the new regulations concerning payment of General Practitioners for carrying out immunisations for Travellers, these injections have largely been discontinued at the Health Department Travellers' clinic. If a course of various different vaccines, including a Yellow Fever vaccination, has to be given at short notice in an emergency, this can still be arranged at the weekly Yellow Fever Clinic.

The decline in the number of these injections given this year is shown in the following table:—

	1963	1964	1965	1966	1967
Cholera	23	37	66	47	5
T.A.B.	85	217	137	63	—
T.A.B./Cholera ..	31	58	55	45	5
T.A.B./Tetanus ..	—	—	19	52	2
Tetanus Toxoid ..	10	17	28	119	69
Typhus	1	—	7	—	—
Total	150	329	312	326	81

The large number of tetanus toxoid injections given were due to the inclusion of those given to City policemen.

(f) INFESTATION

(i) Scabies

Two cases were reported; two families being involved. Treatment was arranged for each family as a group.

(ii) Pediculosis

The basic problem of head louse infestation remains unchanged, namely a small number of unco-operative infested families. Inspections were made by school nurses with the following results amongst school children:—

	1965	1966	1967
Number of inspections made	25,959	27,983	26,291
Number of children inspected	11,300	10,831	9,864
Number of children infested	392	249	136
Percentage incidence	3.5	2.3	1.3

The 136 infested children (94 girls, 42 boys) came from 110 families compared with 172 families last year.

In addition four adults and eight pre-school children were treated.

During the year, six cases of body lice infestation were referred to the department. We are grateful to the Church Army for their co-operation in dealing with men with body lice.

(g) LABORATORY SERVICES

Your Medical Officer of Health has continued to serve as one of the two Medical Officers of Health on the Public Health Laboratory Service Board for England and Wales.

Bacteriology

Dr. W. H. H. Jebb and his staff at the Public Health Laboratory, Walton Street, Oxford, carry out examinations of specimens from cases of infectious diseases and from contacts and suspected carriers. We are very grateful to them for their ready co-operation.

Virology

Dr. F. O. MacCallum, Consultant Virologist, United Oxford Hospitals, has been of the greatest assistance in connection with the investigation of virus diseases.

Analysis

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading, Berkshire, has continued as official Analyst to the City.

SECTION V

MATERNITY AND CHILD HEALTH

REPORT BY DR. J. GRAY,
M.B., Ch.B., D.P.H.
Senior Assistant Medical Officer of Health

A. MATERNITY
(including domiciliary midwifery)

I. Midwives practising in the Area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(*a*) Domiciliary midwives employed by the Local Health Authority	11
(*b*) Domiciliary midwives employed by Oxfordshire County Council in practice at the General Practitioner Maternity Unit	6
(*c*) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals..	60
	77

II. The Domiciliary Midwifery Service

1. Administration

Virtually all domiciliary midwifery is undertaken by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor and assistant non-medical supervisor of midwives, one senior midwife and nine midwives. This includes two part-time midwives employed to help with the nursing of mothers and babies discharged early from hospital and for other duties when necessary.

One part-time midwife retired during the year and a full-time midwife was appointed in her place to complete the establishment.

The City Council takes full responsibility for providing midwives with suitable transport, either in Corporation cars, or their own cars with a car allowance on the essential user basis. Accommodation is provided if required and eight midwives occupied Council property, seven in fully-furnished accommodation and one in an unfurnished flat. In August the headquarters of the midwives moved from Banbury Road to the East Oxford Health Centre, the pupil midwives now having single bed-sitting rooms and ample dining and sitting-room accommodation.

The midwives have continued to work in general practice rather than geographical areas. They were re-arranged for this in October, 1964, by grouping them in five pairs, each pair being attached to a certain number

of practices, based on the practice case load. This has brought midwives into an even closer working relationship with general practitioners, particularly as they attend practically all the antenatal sessions held by their practices.

2. General Practitioner Maternity Unit

1967 was the first complete year of operation of the General Practitioner Maternity Unit at the Churchill Hospital. Beds are available for patients of general practitioners in the City of Oxford and within a reasonable distance in the Counties of Oxfordshire and Berkshire.

Each general practitioner and domiciliary midwife is responsible for the care of their own patients within the Unit and have honorary contracts with the United Oxford Hospitals. The resident staff provided by the United Oxford Hospitals administers and supervises the day-to-day running of the Unit, and on occasions when such staff has been short, the City midwives have assisted in the administrative duties on a temporary and part-time basis.

Pupil midwives taking Part II of their training in the City also attend patients in the Unit, under supervision, and as a result of the increasing number of deliveries taking place in the Unit and a decreasing number at home, the Central Midwives' Board have agreed that the ten cases necessary for each pupil midwife to attend shall be apportioned as 4 in the Unit and 6 on the district.

The initial policy of the Management Committee of the Unit was that doctors should be limited in the number of patients they booked for the Unit on the expectation that the average length of stay would be eight days. It proved during the year, however, that the average length of stay was only five days which led to under-booking and incomplete use of the beds available in the first half of the year, and as a consequence the number of patient-bookings was increased from 45 to 60 per month.

Monthly lunch-time meetings of general practitioner obstetricians, staff of the Consultant Unit and medical and midwifery staff of the health departments continued during the year. Monthly returns and abnormal cases were discussed and speakers gave short talks on relevant subjects. At the end of the year a full, concise and valuable report was produced by the general practitioner medical assistants to the Unit.

In all, in 1967, 417 deliveries took place in the Unit of which 251 were attended by the City midwives, just under 50% of their total deliveries, plus a small number of cases for the Oxfordshire and Berkshire midwives.

In the ensuing tables, figures for the domiciliary and Unit patients are given separately.

3. Antenatal care

Every mother booked for delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Patients for domiciliary delivery are carefully selected and antenatal care is undertaken

jointly by doctor and midwife in close co-operation. It is in the best interest of midwifery that this should be started early in pregnancy. The following table shows the number of midwives' bookings according to the period when antenatal care commenced.

	Number of bookings	
Period of gestation	*Domiciliary*	*Unit*
Under 12 weeks	113	131
12—16 weeks	93	70
17—20 weeks	35	15
21—24 weeks	15	8
25—28 weeks	12	8
29—32 weeks	4	4
33—36 weeks	4	4
After 36 weeks	—	—
Unknown	—	11
	276*	251*

* These figures exclude 3 unbooked emergencies, 5 Oxfordshire and 5 Berkshire patients.

It is interesting to note that of the 276 mothers booked for delivery at home only 20 (7.2%) did not commence antenatal care until after the 24th week of pregnancy, and in the Unit only 16 patients were known to have started antenatal care after that time.

General practitioners continued to hold special antenatal clinics at their surgeries. At the end of the year there were 19 regular weekly sessions at which a midwife or her pupil were present when possible.

The number of cancelled bookings for a home or Unit confinement—i.e. the transference to a consultant unit booking, indicates the amount of domiciliary antenatal care the midwives may undertake prior to the patient being transferred. During the year 58 domiciliary bookings were cancelled, 50 for medical and 8 for social reasons, and for the Unit, of the 41 cancelled bookings 36 were for medical and 5 for social reasons.

Every effort was again made to ensure that the full range of antenatal blood tests were carried out for each patient. Specimens were examined at the pathology departments of the Radcliffe Infirmary and Churchill Hospital. Patients were referred for vene-puncture to the laboratories if their doctors did not wish to undertake this procedure.

The concerted effort to ensure that all mothers delivered at home and in the Unit had a high haemoglobin level at term was maintained. Almost every mother had routine iron in pregnancy and the haemoglobin level is re-estimated at 34—36 weeks. The midwives are trained to take capillary blood samples for this and have undertaken this work since the City antenatal clinics were discontinued in 1965. A study of the records of the 530 cases delivered during the year shows the following distribution of late pregnancy haemoglobin readings:—

Hb.	*Number of cases*	
	Domiciliary	*Unit*
61—65%	—	—
66—70%	3	4
71—75%	15	9
76—80%	68	43
81—85%	83	77
86—90%	73	61
91—95%	20	32
96—100%	12	15
101% or over	—	4
No record	5	6
	279	251

This is an encouraging result in that only one mother booked for a home confinement had a haemoglobin level of 67% in late pregnancy. She was given oral iron and folic acid and her doctor allowed her to stay at home for delivery. Of the two mothers whose haemoglobin level was 70%, one received a course of intramuscular iron and the other was given double the routine dose of oral iron and folic acid.

The four patients booked for delivery at the Unit with haemoglobin readings in the 66—70% range (in three of these it was 70%), received intramuscular iron.

All the patients had normal deliveries with no tendency to haemorrhage.

The midwives are also responsible for taking blood samples for haemoglobin estimations between the 10th and 14th day of the puerperium. The results of these were as follows:—

Hb.	*Number of cases*	
	Domiciliary	*Unit*
61—65%	2	2
66—70%	1	1
71—75%	7	5
76—80%	12	8
81—85%	13	10
86—90%	28	28
91—95%	27	26
96—100%	29	16
101% or over	49	37
No record	111	118
	279	251

It is gratifying to note that less than 2% of the women for whom a postnatal haemoglobin result was available had a Hb. of less than 70%.

4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home and in the Unit) under the Maternity Medical Service among doctors in practice in the City was as follows:—

	Domiciliary	*Unit*
20—29 cases	1	2
10—19 cases	7	5
5—9 cases	20	16
1—4 cases	16	14

This figure applies to City cases, thus they do not represent the total Maternity Medical Services booking of the doctors.

5. Work of the individual midwives

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives.

A third table gives an analysis of all domiciliary deliveries carried out during the year, and a fourth an analysis of the deliveries at the General Practitioner Maternity Unit.

Table showing the work of individual midwives during the year

Domiciliary cases

		Doctor present at delivery	Doctor not present at delivery	Total	Assessment visits	Antenatal visits	Postnatal visits domiciliary cases	Postnatal visits hospital cases	Total visits
Midwife A	Group Practice 1	7	14	21	78	402	420	81	981
Assistant Supervisor	Group Practice 1								
Midwife B	Group Practice 1	15	21	36	136	561	631	165	1,493
Midwife C	Group Practice 2	2	24	26	138	458	417	89	1,102
Midwife D	Group Practice 2	8	26	34	95	455	753	73	1,376
Midwife E	Group Practice 3	14	22	36	89	504	559	103	1,255
†Midwife F	Group Practice 3	3	2	5	40	140	91	17	288
‡Midwife G	Group Practice 3	6	8	14	111	267	246	118	742
Midwife H	Group Practice 4	8	23	31	57	589	718	104	1,468
Midwife I	Group Practice 4	4	29	33	103	433	845	109	1,490
Midwife J	Group Practice 5	11	16	27	106	526	520	110	1,262
§Midwife K	Group Practice 5	1	2	3	41	71	126	66	304
Supervisor of Midwives		5	9	14	6	178	231	23	438
Part-time midwives		—	—	—	136	13	17	1,643	1,809
		84*	196	280	1,136	4,597	5,574	2,701	14,008

*This figure includes delivery of one Berkshire patient. † Resigned 24.3.67.
‡Appointed 1.5.67. §Appointed 21.8.67.

General Practitioner Maternity Unit cases

		Doctor present at delivery	Doctor not present at delivery	Total	Assessment visits	Antenatal visits	Postnatal visits	Total visits
Midwife A	Group Practice 1	4	4	8	12	221	155	388
Assistant Supervisor								
Midwife B		13	11	24	7	332	374	713
Midwife C	Group Practice 2	16	12	28	2	515	491	1,008
Midwife D		18	12	30	1	374	566	941
Midwife E	Group Practive 3	23	5	28	25	473	462	960
†Midwife F		7	1	8	12	116	120	248
‡Midwife G		18	9	27	23	392	430	845
Midwife H	Group Practice 4	24	14	38	50	670	761	1,481
Midwife I		14	14	28	63	402	594	1,059
Midwife J	Group Practice 5	19	8	27	7	756	539	1,302
§Midwife K		10	4	14	4	125	220	349
		166*	94*	260	206	4,376	4,712	9,294

*These figures include deliveries of 5 Oxfordshire and 4 Berkshire patients.

†Resigned 24.3.67. ‡Appointed 1.5.67. §Appointed 21.8.67.

6. Analysis of domiciliary deliveries

	Doctor present at delivery		Doctor not present at delivery		
	Primiparae	Multiparae	Primiparae	Multiparae	Total
Total cases	21	62	12	184	279
Live births	21	63	12	185	281
Still-births	—	—	—	—	—
Twin deliveries	—	1	—	1	2
Death of baby at home ..	—	—	—	—	—
Forceps deliveries ..	1	1	—	—	2
Emergency obstetric service	—	2	—	2	4
Baby transferred to hospital by "premature baby flying squad"	—	—	—	3	3
Baby transferred to hospital other than by "flying squad"	1	1	—	2	4
Mother and baby transferred to hospital	1	—	—	4	5
Anaesthesia and analgesia:—					
(*a*) Pethidine	17	31	5	70	123
(*b*) Gas-and-air	1	9	2	16	28
(*c*) Gas and oxygen ..	5	30	4	54	93
(*d*) Trilene	5	6	1	28	40
Antenatal care:					
(*a*) General practitioner and midwife	21	62	12	181	276
(*b*) Hospital booked emergencies	—	—	—	2	2
(*c*) None (emergencies) ..	—	—	—	1	1
Feeding at 14 days:—					
(*a*) Breast entirely ..	19	30	5	93	147
(*b*) Breast and bottle ..	—	3	—	3	6
(*c*) Bottle entirely ..	2	29	7	88	126
(*d*) Left district—unknown	—	—	—	—	—

7. Analysis of deliveries at the General Practitioner Maternity Unit

	Doctor present at delivery		Doctor not present at delivery		
	Primiparae	Multiparae	Primiparae	Multiparae	Total
Total cases	116	45	34	56	251
Live births	114	45	34	56	249
Still-births	2	—	—	—	2
Twin deliveries	—	—	—	—	—
Death of baby in the Unit	—	—	—	1	1
Forceps deliveries	13	2	—	—	15
Baby to consultant unit ..	4	1	—	—	5
Mother transferred to another hospital department	1	—	—	—	1
Mother and baby transferred to other hospital department	2	—	2	—	4
Anaesthesia and analgesia:—					
(*a*) Pethidine	103	29	29	27	188
(*b*) Gas and oxygen ..	82	29	18	38	167
(*c*) Trilene	2	—	—	—	2
Antenatal care:—					
General practitioner and midwife	116	45	34	56	251
Feeding at 14 days:—					
(*a*) Breast entirely ..	80	16	19	23	138
(*b*) Breast and bottle ..	4	1	—	1	6
(*c*) Bottle entirely ..	29	28	14	30	101
(*d*) Left district— unknown	1	—	1	1	3

Comments on the work of the midwives and on the details of deliveries

(i) Total deliveries (including those patients delivered at the General Practitioner Maternity Unit) increased, 530 compared with 518 in 1966. There was a corresponding increase in the number of both antenatal and postnatal visits, whilst postnatal visits to patients discharged early from hospital decreased, 2,701 compared with 3,043 last year.

(ii) No maternal death occurred during the year.

(iii) No perinatal death occurred in the 279 domiciliary deliveries, but two still-births and one neonatal death occurred in the Unit.

(iv) Two pairs of undiagnosed twins were delivered at home. All the babies were satisfactory and were nursed at home.

(v) Of the mothers confined at home, doctors were present at 30% of deliveries compared with 27% in 1966 and 25% in 1965. Of the mothers confined in the Unit the doctor was present at 161 cases (63%).

(vi) The forceps rate was again low, namely 0.7% in the home and 6% in the Unit deliveries.

(vii) It can be calculated from the figures that 53% of babies born at home were fully breast-fed at 14 days and 60% of those born in the Unit.

8. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay.

During the year the admission of 11 mothers occurred during labour. This represents 3.8% of mothers either delivered at home or admitted in labour compared with 4.5% in 1966 and 4.9% in 1965.

The reasons for admission together with the outcome were as follows:

	End result		
Abnormality	*Delivery*	*Baby*	*No. of cases*
Early rupture of membranes	Spontaneous	Survived	1
Early rupture of membranes	Forceps	Survived	1
Breech presentation	Forceps	Survived	1
Delay in 1st stage	Spontaneous	Survived	1
Delay in 1st stage	Forceps	Survived	3
Delay in 2nd stage	Forceps	Survived	3
Delay in 2nd stage—breech presenting	Spontaneous twin delivery	Both survived	1
			11

9. Patients booked for delivery at the General Practitioner Maternity Unit but transferred to the consultant unit in labour

During the year 18 mothers were transferred in labour to the consultant unit at the Churchill Hospital. The reasons and outcome were as follows:—

	End result		
Abnormality	*Delivery*	*Baby*	*No of cases*
Breech presentation	Breech	Survived	1
Concealed antepartum haemorrhage	Forceps	Stillborn	1
Delay in 1st stage	Spontaneous	Survived	2
Delay in 1st stage	L.S.C.S.	Survived	2
Delay in 1st or 2nd stage	Forceps	Survived	12
			18

10. Mothers admitted to hospital following delivery at home

Four mothers were admitted for post-delivery hospital treatment together with their babies. The reasons were as follows:—

(1) Admitted immediately after delivery for evacuation of haematoma and perineal repair.

(2) Admitted on second day for evacuation of perineal haematoma A blood transfusion was necessary.

(3) Admitted for investigation of heavy loss twelve hours after delivery. No cause was found but a blood transfusion was necessary.

(4) Secondary postpartum haemorrhage on twelfth day. Admitted for investigation. Small piece of chorion was found.

All the mothers made satisfactory progress.

11. Babies admitted to hospital following delivery at home

(1) Unbooked emergency. Baby born before midwife arrived. Weight 5 lb. 1 oz. Admitted to Special Care Unit. Made good progress.

(2) Premature baby, 36 weeks. Weight 4 lbs. Admitted to Special Care Unit. Made good progress.

(3) Baby limp at birth following normal delivery at term. Weight 5 lb. 4 oz. Admitted to Special Care Unit. Made satisfactory progress. Home on 5th day.

(4) Baby vomiting feeds from 2nd day. Breast fed. Seen by paediatrician on 4th day and hiatus hernia diagnosed. Admitted to paediatric department, Churchill Hospital. Treated by posture and thickened feeds. Made good progress. Discharged home on the 11th day.

(5) Baby satisfactory until 12th day. Breast fed. Became rather lethargic and reluctant to feed. Admitted with mother to paediatric department for observation. Nothing abnormal found. Discharged after two days and subsequently all was well.

(6) Undiagnosed breech delivery. Lumbar meningocele. Weight 5 lb. 8 oz. General condition good. Admitted to paediatric department where meningocele was closed. Has since had further operative treatment. Has made fair progress but has no movement in legs.

(7) Baby became jaundiced on 2nd day. First baby. Mother's blood group A rhesus positive. Jaundice increasing on 5th day. Admitted to hospital where exchange transfusion was carried out. Discharged on 11th day. Satisfactory thereafter.

(8) Mother rhesus negative. Rhesus antibody test negative 2½ weeks before delivery. Baby became jaundiced on 2nd day. Admitted to hospital and exchange transfusion carried out. Discharged home on 7th day. Made satisfactory progress.

12. Administration of pethidine

Pethidine was given in 75 domiciliary cases in which the midwife was acting on her own responsibility (i.e. 37%).

Of the total of 279 patients delivered at home 123 or 44% received pethidine.

13. Inhalational analgesia

Analgesia is available to every mother who wishes to receive it. Instruction in its use is given in the antenatal period when necessary. Most gas-and-air machines in use on the district have been replaced by gas and oxygen (Entonox) machines and this was administered on 93 occasions.

Two trilene sets are also available and 40 mothers delivered at home received this form of analgesia.

Inhalational analgesia was not given in 118 cases, for the following reasons:—

Born before arrival of midwife	5
Rapid delivery, no time	2
Considered unnecessary	111
	118

Of the 111 domiciliary cases where inhalational analgesia was considered unnecessary, 49 patients received pethidine.

14. Parentcraft and relaxation classes

Evening classes were held in conjunction with general practitioners at two clinics. A physiotherapist also attended the Temple Cowley class. Doctors, midwives and health visitors have all participated.

At the North Oxford class the health visitors and midwives are solely responsible for the teaching. Mothers continued to attend the preparation classes provided by the hospitals.

15. Perinatal deaths

A full investigation of every still-birth and early neonatal death is undertaken in order to assess the factors contributing to this loss of infant life.

The following categories are considered:—

(1) Deaths at home—none.

(2) Deaths of babies born to mothers in the General Practitioner Maternity Unit—2 stillbirths and one death.

(3) Deaths of babies born to mothers admitted to the Consultant Unit in labour from the General Practitioner Maternity Unit—One stillbirth.

Deaths in the General Practitioner Maternity Unit

(a) Still-births

Mother aged 22. First baby. Regular antenatal care by doctor and midwife; normal pregnancy. Premature labour at 38 weeks. Baby stillborn; cord round neck. Resuscitation attempted without success by intubation and oxygen.

Mother aged 18. First baby. Regular antenatal care by doctor and midwife. Normal pregnancy. Spontaneous labour at 38 weeks. Foetal heart irregular and difficult to hear at end of first stage of labour. Rapid forceps delivery. Baby stillborn. Nasal oxygen given and mouth to mouth resuscitation attempted without success.

(b) Neonatal death

Mother aged 35. Fourth baby. Condition at birth good, all well on sixth day. Baby found dead in cot the following morning. Death was due to acute bronchitis.

Death of baby transferred to the Consultant Unit

Mother aged 17. First baby. Premature labour at 38 weeks. Low forceps delivery. Baby stillborn. Cord round neck three times. Concealed accidental haemorrhage probable cause of intra-uterine death.

16. Emergency Obstetric Service

This service, operating from the Nuffield Maternity Home has continued to provide valuable support to the domiciliary midwifery service. It was called upon five times during the year.

Calls were made to the service for the following reasons:—

Severe antepartum haemorrhage .. .. (This patient was booked for delivery in the Unit).	1
Retained placenta	3
Foetal distress	1

The case of antepartum haemorrhage involved a perinatal death. The patient was shocked when the midwife arrived with symptoms of accidental haemorrhage. Foetal heart was not heard. A transfusion was given by the Flying Squad and the patient transferred to hospital. Delivery was by Caesarian section and the baby was stillborn. In all, fourteen pints of blood were given. A pelvic infection developed on the 12th day and return to normal health was slow.

The three patients who had retained placentae were all treated at home by manual removal of placenta. One required blood transfusion. All were nursed at home.

In the case of foetal distress the baby was delivered by forceps by the mother's own doctor before the Flying Squad arrived. Mother and baby were satisfactory.

None of these emergencies could have been foreseen, nor is it thought that the mother was wrongly booked for her place of confinement. In the first case the patient was booked for hospital confinement but had a sudden and severe accidental antepartum haemorrhage at home.

17. Medical Aid

In the following cases the midwife called on the assistance of the patients' general practitioner.

(i) *Mothers booked for delivery at home*

During pregnancy	50
In relation to labour (of these 41 were for suturing)	71
Early postnatal period	47
Baby	33
	201

(ii) *Mother booked for delivery in the General Practitioner Maternity Unit*

During pregnancy	72
In relation to labour (of these 48 were for suturing)	97
Early postnatal period	64
Baby	36
	269

(iii) *Mothers discharged from hospital*

Mother	25
Baby	12
	37

18. Care of mothers discharged from hospital during the puerperium

During the year mothers were discharged to the care of the midwife before the 10th day on 463 occasions (compared with 513 in 1966 and 682 in 1965).

The reasons were as follows:—

Originally booked by midwife but hospital confinement arranged subsequently in view of complications arising during pregnancy	18
Originally booked by midwife but admitted to hospital during labour as a result of complications	11
To relieve pressure on hospital beds:—	
(*a*) Booked for early discharge	224
(*b*) Not booked for early discharge—	
before 6th day	82
6th day or over	92

(*c*) Considered unsuitable for early discharge	22
Compassionate grounds	10
Mother discharged herself against medical advice	4
	463

The scheme of planned early discharge of mothers and babies was not running smoothly and far too many women were being discharged during the puerperium whose home had not been assessed during pregnancy. Following discussions of this at the Maternity Liaison Committee and Local Medical Committee, a pilot scheme was planned by the City and County Health Departments whereby every maternity patient is referred by the general practitioner to the domiciliary midwife, with a request that the home be assessed as suitable for both home confinement or early discharge from hospital. Both the hospital and general practitioner would have a copy of this report. The scheme was tried out during the year in certain selected practices; it proved successful and in November it was extended to include all maternity patients.

The following table shows the number of patients referred to the midwives in order to assess the suitability of home conditions for either a domiciliary confinement or early discharge and the result of the investigation:—

Source from which patient referred:	Nuffield Maternity Home and Churchill Hospital Maternity Department	General practitioners	Total patients referred
Recommended for home confinement	10	95	105
Recommended for confinement at General Practitioner Maternity Unit	11	219	230
Recommended for hospital confinement:—			
(*a*) Suitable for early discharge	298	62	360
(*b*) Unsuitable for early charge	111	59	170
Miscarried prior to visit ..	2	2	4
Unknown at address given	10	1	11
Leaving Oxford	14	8	22
	456	446	902

19. Postnatal care

Every effort is made to persuade mothers to attend the doctor providing maternity medical service for a postnatal examination. With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary and Unit cases. At the end of March, 1968, the position was as follows:—

	Domiciliary	*General Practitioner Maternity Unit*
Total confinements	279	251
Postnatal examinations carried out	246	202
Postnatal examinations not carried out	12	9
Unknown	15	23
Left Oxford	6	17
	279	251

20. Training School for Midwives

Part II pupil midwives from the Churchill Hospital continued to receive three months' training with the domiciliary midwives, nine of whom are approved teachers.

The headquarters of the Domiciliary Midwifery Service and residence of the pupils was transferred to the East Oxford Health Centre in August.

In addition to their work on the district, pupils attend child health clinics, mothercraft classes and also antenatal sessions at doctors' surgeries. During the year 35 pupils were admitted. The C.M.B. Part II examination was taken by the 35 pupils, 32 of whom passed at the first attempt.

Pupils attended 267 domiciliary deliveries and 121 at the General Practitioner Maternity Unit (included in the tables of deliveries).

21. Training of medical students in domiciliary midwifery

Three domiciliary confinements were attended by medical students and others were given a talk on the working of the domiciliary midwifery service.

22. Postgraduate education of midwives

One midwife attended the statutory postgraduate course during the year. The Assistant Supervisor of Midwives attended a postgraduate course for Supervisors. Two midwives also attended courses on "Teaching in Preparation for Parenthood".

The Nuffield Maternity Home arranged a series of lectures to which the domiciliary midwives were invited, and they also attended lectures arranged by the Royal College of Midwives.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1961	1962	1963	1964	1965	1966	1967
Hospital deliveries	1115	1129	1239	1308	1288	1188	1072
	67%	63%	68%	70%	73%	70%	67%
Domiciliary deliveries	552	627	589	551	487	461	282
	33%	37%	32%	30%	27%	27%	18%
Domiciliary deliveries at General Practitioner Maternity Unit (opened August, 1966)	—	—	—	—	—	46	232
	—	—	—	—	—	3%	15%

IV. Notifiable Infectious Diseases associated with Childbirth

(1) Puerperal Pyrexia

Eight cases were notified, all occurred in institutional confinements.

(2) Ophthalmia neonatorum

Three cases were notified, these occurred in institutional confinements.

(3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

V. Maternal Deaths

No maternal death occurred during the year.

VI. Family Planning

The City Family Planning Clinic took place, throughout the year, in the out-patient department of the Radcliffe Infirmary, on Monday evenings. Its purpose is to assist those members of the community for whom a further pregnancy might cause deterioration in either the mother's health or her standard of care of her existing children.

There has been a decrease in the number of patients but this reflects two future trends and the changing geography of the City. General practitioners now take a greater interest in contraception by modern methods, and the Family Planning Association have increased the number of their clinics to provide a service at Summertown, Cowley, Blackbird Leys and most recently at the Child Health Clinic at Bury Knowle Park, Headington.

During the year 28 new patients were referred predominantly by health visitors; 311 attendances were made and 108 parcels of supplies were posted to patients.

Domiciliary Service

The object of visiting patients in their own homes is to bring birth control to those families, whose limitations prevent them from benefitting from existing facilities. Fifty-four new families were visited during the year (39 in 1966) and in addition a further 23 "lapsed" patients were called upon for re-encouragement. A total of 179 follow-up visits were made.

Sources of referral of new patients

Health visitors	48
General practitioners	3
Chest Clinic	1
Midwife	1
Probation Officer	1
	54

Unfortunately of these patients, 6 were already pregnant; of the 48 families, 2 consented to accept a small supply of conventional contraceptives on "trial" while the remaining 46 co-operated fully.

Ethnic Groups

British	31
West Indian	10
Asian	8
Irish	4
European	1
	54

Disability

Short birth interval (One mother had had a baby each year, for the six preceding years)	27
Disturbed marital relationship	7
Psychiatric illness	7
Physical illness	4
Other causes	9
	54

Method chosen

Oral contraceptives	32
Intra-uterine device	16
Conventional methods	6
	54

Pregnancies

1967 No pregnancies have been reported amongst those entering the scheme, *de novo*, this year.

1966 One young mother of five, who had been considered sufficiently stable to be transferred to a Family Planning Association clinic ceased to take her pills during a period of adverse press comment and conceived her sixth child.

1965 Three pregnancies have occurred for this year's intake.

One mother of six, whose husband was in full-time employment, had been buying her pills, at cost price from the Family Planning Association. She found that she had run into debt, rather than ask for help she gave up this method and later gave birth to twins.

A second mother of 4 (4 babies in three years prior to the domiciliary service) after eighteen months of faithfully following the regime forgot her pills for a few weeks.

A third patient, mother of 9, failed to use her supply of conventional contraceptives.

Whilst these pregnancies are unfortunate, at least a degree of spacing was achieved, in a highly fertile group. All four of these families have returned to the domiciliary register, the grand multipara having refused sterilisation. Since the inception of the service in 1965 a total of 109 families have been visited.

Slade Clinic

Individual domiciliary visiting is expensive and time consuming, so for an area in which there is a concentration of problem families, a trial clinic was started in September at the child health clinic in Slade Park. This session is held once a month, expressly for the residents of the Homeless Families Unit and adjacent huts.

New patients seen	13
Return visits	34

So far, with one exception, there has been full co-operation. These patients represent a hard core of social inadequacy and if they can be helped to plan their families, they might be able to give their children a better chance of life than they ever had themselves.

Teaching sessions

A few individual medical students have attended on Monday evenings for instruction in birth control methods. Group discussions have been held quarterly in their hostel for each intake of pupil midwives. Two similar demonstrations were given during the autumn term at the Technical College for members of the health visitors course.

All students are interested in this subject, realising the important part it will play in their future careers.

B. CHILD HEALTH

1. Premature babies

Birth notifications included 101 live born and 14 stillborn infants weighing 5½ lbs. or less and were subsequently classified as premature. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1966 were 116 live births and 7 still-births). They are classified according to weight, place of birth and survival in the accompanying table.

Weight, place of birth and survival of premature babies (corrected notifications).

Weight at birth	Premature Live Births												Premature stillbirths	
	Born in hospital				Born at home									
					Nursed entirely at home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
2 lb. 3 oz. or less	1	1	—	—	—	—	—	—	—	—	—	—	3	—
2 lb. 4 oz.—3 lb. 4 oz.	3	—	1	—	—	—	—	—	—	—	—	—	1	—
3 lb. 5 oz.—4 lb. 6 oz.	16	3	1	—	—	—	—	—	1	—	—	—	2	—
4 lb. 7 oz.—4 lb. 15 oz.	22	1	—	—	1	—	—	—	—	—	—	—	5	—
5 lb. —5 lb. 8 oz.	49	—	—	1	5	—	—	—	3	—	—	—	3	—
Total	91	5	2	1	6	—	—	—	4	—	—	—	14	—

Comments

(i) The 101 live-born premature babies represents 6.3% of the 1,608 notified live births to Oxford residents.

(ii) Fourteen of the 18 notified still-births to Oxford residents were premature.

(iii) Ten of the 101 premature live births took place at home. The 6 nursed at home and the 4 admitted to hospital all survived 28 days. The policy of arranging for as many as possible premature births to take place in hospital has again been followed with a considerable degree of success. Of the 10 premature births taking place at home 8 of the infants weighed over 4 lb. 15 oz.

Of the whole group of 101 premature babies 93 (or 92%) survived 28 days.

(iv) A few of the larger premature babies continue to be followed up at the child health centres at the request of the Paediatric Department of the Radcliffe Infirmary, but most premature infants appear to receive their after-care from their general practitioners.

2. Child Health Clinics

(a) Staff

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers, who give regular and valuable help with clerical work, weighing of babies and the distribution of welfare foods.

The medical staff is composed as follows:—

Full-time staff of the Health Department	9 sessions per week
Part-time staff of the Health Department (not in general practice)	9 sessions per week
General practitioners	14 sessions per week

Two meetings of clinic medical officers (health department and general practitioners) were held during the year at child health centres. One held in March, at which Mr. Somerville, consultant orthopaedic surgeon to the United Oxford Hospitals talked on "Congenital Dislocation of the Hip" was attended by 14 doctors and a second general meeting in September was attended by 8 doctors.

(b) Attendances

The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

Comparing the clinic attendances with those for last year, it will be seen that the total attendances decreased by 737 and the number of children attending decreased by 73.

The number of sessions held during the year numbered 1,640, an increase of 77 compared with 1966.

Part-time medical staff of the Health Department have undertaken 2 more sessions per week and general practitioners one more session previously taken by full-time Health Department staff. By the end of the year 32 regular sessions were being held, 14 of which were for practice patients only, and attended by the general practitioner concerned. The proportion of clinic sessions undertaken by family doctors is now 44%.

During the year six clinics moved to new premises when the East Oxford Health Centre, Summertown Health Centre and the St. Barnabas clinic opened. One clinic, at St. Ebbe's ceased to function.

County children continued to be seen by arrangement with the County Health Department at Barton, Slade Park and Rose Hill clinics.

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attend-ances	Number of Sessions	Average attend-ances
		1967	1966	1965-62		Under 1 yr.	1 but under 2 yrs.	2 but under 5 yrs.			
Bury Knowle, Headington	78	69	71	71	211	970	219	240	1,429	52	27.48
Bury Knowle, Headington (General Practice clinic—2 clinics weekly)	78	75	114	81	270	1,408	272	224	1,904	102	18.71
Barton	47	47	80	87	214	1,199	286	115	1,600	52	30.77
Cowley	72	66	90	134	290	1,140	343	313	1,796	48	37.42
Cowley (General Practice clinic A)	49	49	57	83	189	697	296	242	1,235	52	23.75
Cowley (General Practice clinic B)	53	53	66	131	250	936	276	365	1,577	51	30.92
East Oxford (2 clinics weekly—General Practice clinic commenced w.e.f. 25.8.67)	167	151	144	189	484	1,932	518	373	2,823	99	28.48
East Oxford (General Practice clinic trans. from 217 Iffley Road)	52	52	52	86	190	736	213	188	1,137	52	21.87
South Oxford	44	38	46	55	139	708	225	149	1,082	51	21.21
South Oxford (General Practice clinic)	45	38	46	94	178	670	261	210	1,141	51	22.37
West Oxford	57	44	47	63	154	860	192	99	1,151	51	22.57
Summertown (2 clinics weekly)	165	142	153	269	564	1,995	547	501	3,043	103	29.54
Summertown Health Centre—(General Practice clinic)	77	71	77	174	322	985	339	354	1,678	52	32.27
Slade Park (2 clinics weekly)	71	71	74	164	309	1,050	277	383	1,710	103	16.60
New Marston	56	49	52	98	199	749	181	166	1,096	52	21.08
Wolvercote	22	20	23	60	103	449	143	149	741	52	14.25
Donnington (2 clinics weekly)	113	110	102	179	391	1,541	422	386	2,349	103	22.80
Donnington (General Practice clinic)	60	59	57	81	197	594	184	111	889	51	17.43
St. Barnabas	47	43	62	79	184	925	246	367	1,538	48	32.04
St. Barnabas (General Practice clinic)	38	31	48	78	157	548	198	174	920	52	17.70
Northway	52	51	45	106	202	761	217	186	1,164	52	22.38
Rose Hill Community Centre	54	54	48	76	178	735	201	144	1,080	52	20.77
Blackbird Leys	126	83	87	198	368	860	354	406	1,620	52	31.15
Blackbird Leys (General Practice clinic A)	33	29	40	94	163	548	188	273	1,009	51	19.80
Blackbird Leys (General Practice clinic B-2 clinics weekly)	92	92	110	364	566	1,266	502	638	2,406	104	23.13
12 Old High Street, Headington (General Practice clinic)	45	39	63	105	207	414	151	243	808	52	15.54
	1,793	1,626	1,854	3,199	6,679	24,676	7,251	6,999	38,926	1,640	23.73

The following figures indicate the attendances made by children (included in the above table) who lived in the County. The majority of the children attended the Slade Park, Barton and Rose Hill clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

161	151	174	204	529	1,879	533	386	2,798	

(*c*) *Medical work at Clinics*

The medical officers continued to keep a record of their work. There were 1,640 sessions at which a doctor was present and altogether children under 5 years of age were seen by a doctor on 19,337 occasions.

The following table gives a summary of the reasons for which they were seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	2,063	49%
Triple antigen injections	4,941	
Measles injections	2,931	
Other prophylactic injections	149	
Routine medical examinations—		
Initial	1,465	21%
1st year	1,098	
2nd year	831	
3rd year	588	
4th year	419	
Consultation in relation to a problem	5,138	30%
Follow-up of consultation	1,003	

(An individual consultation may figure in more than one category; for example a child may come for a routine medical examination and be vaccinated at the same time).

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	Consultation	*Follow-up*
Problems related to feeding and weight gain (excluding cases due to physical illness)	488	133
Fitness for prophylactic procedures	641	23
Physical illness	2,708	320
Physical defects (including sensory)	485	350
Psychological disturbance	149	35
Developmental progress	163	105
Prematurity	28	38
Mother's health	357	6
Miscellaneous	399	27
	5,418	1,037

The following table shows the number of children referred elsewhere for treatment:—

Family doctors	63
*Orthopaedic department	12
*Eye Hospital	13
*Other hospital departments	63
	151

*In these cases the family doctor is always informed of the consultant's findings.

Comments

It is notable that as general practitioners are conducting more and longer sessions of "well baby" clinics amongst their own practice patients it is becoming less necessary for Health Department doctors to refer children back to them for advice. During the year it was considered necessary to refer only 63 children to their general practitioners compared with 108 in 1966.

Regular developmental examinations continued to be carried out and shows a slight increase (21%) over those done in 1966 (17%). These examinations are of vital importance during the first two years of life and active steps are taken by health visitors to see that children up to the age of two are brought to the clinics at the appropriate times. Subsequent visits are encouraged but are not followed-up with such vigour.

The Sheldon report on Infant Welfare Centres was published at the end of 1967 and following its close study by members of the staff of the Department, certain small changes in policy may be introduced during the ensuing year.

(d) Tuberculin jelly testing

For ten months of the year routine jelly testing was carried out at each birthday examination, except in children who had been given B.C.G. because of contact with known cases of tuberculosis.

After consultation with chest physicians and members of the Department it was decided to cease to carry out this test in clinics after October 31st, 1967. Its efficacy had been in doubt for some time and the amount of work entailed for the positive results obtained did not warrant its being continued.

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ..	43	666	495	377	304	1,885
Positive reaction ..	—	3	—	2	2	7
Totals	43	669	495	379	306	1,892

Comments

Mantoux, Heaf or Tine tests were undertaken in all 7 cases, and only 2 gave confirmatory evidence of tuberculous infection. This gives a rate of 0.10% confirmed positivere actions during the ten months the test was carried out.

Notes on confirmed positive reactors

Case 1

Girl aged one year. This child had no symptoms but was found on X-ray to have inadequate inspiration. Chemotherapy was started but some four months later a second X-ray revealed a large area of consolidation and she was admitted for further treatment, being discharged some three months later. The girl's three brothers also received chemotherapy, but in this instance, skin-testing of the child at the clinic coincided with contact investigation of the whole family following the notification of pulmonary tuberculosis in an uncle living in the same house.

Case 2.

Boy aged 3 years. The child had no symptoms and his X-ray was clear but, on investigation, the father was found to have signs of an old pulmonary infection and is now being followed-up yearly.

Both these cases were from immigrant families.

(*e*) *Loan of test feeding-scales*

Accurate scales are loaned to mothers with breast-feeding problems for use at home at the request of general practitioners, clinic doctors, health visitors or midwife. This occurred on 66 occasions.

(*f*) *Food and medicaments*

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child health clinic.

We are extremely fortunate in having the services of voluntary workers who carry out the exacting tasks of distribution at the clinics.

The number of items distributed during the year (with last year's figures for comparison) were as follows:—

	At Health Department		At Clinics		Total	
	1966	1967	1966	1967	1966	1967
Tins of National Dried Milk	6,379	4,591	17,099	19,167	23,478	23,758
Bottles of National Cod-liver Oil Compound	402	404	2,210	2,047	2,612	2,451
Bottles of Concentrated Orange Juice ..	7,759	5,606	21,990	28,384	29,749	33,990
Packets of Vitamin and Mineral tablets ..	496	379	1,126	878	1,622	1,257
	15,036	10,980	42,425	50,476	57,461	61,456

These figures do not include items issued to hospitals and other institutions.

Every effort is made by clinic doctors and health visitors to ensure a vitamin intake which is adequate on the one hand, and not excessive (in view of the danger of hypercalcaemia), on the other. Ascorbic acid tablets are available if there is an intolerance to concentrated orange juice and the alternative proprietary preparations, and where families are in poor financial straits. These and vitamin A and D drops are also given routinely to premature infants without charge.

(*g*) *Teaching*

Medical students from the Radcliffe Infirmary, during their paediatric training attended four sessions at child health clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. These visits are preceded by two lectures given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School also attended child health clinics during the year.

Student health visitors, pupil midwives and student district nurses attended for instruction in child care.

3. The Early Diagnosis of Deafness

The early diagnosis and treatment of deafness is of the utmost importance for normal speech development and for the prevention of psychological disturbance. Health visitors are responsible for ensuring that children in their care are screened for possible impairment of hearing between 7—12 months of age. Children with suspected deafness are referred to the clinic medical officer for confirmation and hospital referral if necessary.

During the year health visitors tested 1,633 children aged 7—12 months and 23 over twelve months. Eight children required further investigation.

One child in the younger age group was referred to the otologist and found to be deaf and issued with a hearing aid.

Seven children between one and five years of age were referred for further investigation. One was put on the waiting list for adenoidectomy and two were kept under observation for catarrhal conditions and otitis media. A fourth child had a severe hearing loss and also appeared mentally retarded and a fifth had a fairly severe deafness following rubella of pregnancy. Both these children were issued with hearing aids.

The investigations of the remaining two children were not completed at the end of the year.

4. Register of Handicapped Pre-school Children

The registration of handicapped or potentially handicapped pre-school children has continued. Initial notification is the responsibility of the health visitor who then reports on the child's progress at regular intervals to the medical officer keeping the register. Information about the children is passed to the School Health Service or to the Mental Welfare Division when it becomes apparent that some special action will have to be taken. In this way, every effort is made to ensure that adequate support for the parents is provided and that assessment of the child's educational needs is made before he reaches school age.

There were 97 children on the register at the end of the year.

Fifty-two new cases were notified with the following handicaps:—

Mental disease or retardation	35
Congenital abnormalities or disease	8
Impaired hearing	4
Impaired sight	2
Other	3

All children were adequately cared for at home, except for one at the Special Unit, Marlborough Hospital, and one at Borocourt Hospital. One child attended the Unit for the Deaf and two the Special Care Unit at the Mabel Pritchard Training Centre.

One handicapped child, a case of fibrocystic disease of the pancreas, died during the year, of a lower respiratory infection.

5. Notification of Congenital Abnormalities

The notification to the Registrar General of all congenital abnormalities observable at birth has been in force since 1st January, 1964.

The total number of infants notified in 1967 was 28, an incidence of 17 malformed infants per thousand total births. The number of abnormalities present was 32, an incidence of 19 abnormalities per thousand total births. These abnormalities occurred in 10 live-born and 3 still-born female infants and 14 live-born and 2 still-born male infants. Five of these infants were born at home, 4 in the General Practitioner Maternity Unit and the remainder in hospital.

Nine of the infants were premature and one died within twenty-four hours of birth.

The distribution of abnormalities was as follows:—(with figures for for 1966 in parenthesis).

Central nervous system	7	(5)
Eyes and ears	2	(1)
Alimentary system	6	(2)
Heart and great vessels	1	(1)
Respiratory system	—	(—)
Uro-genital system	2	(1)
Limbs	10	(13)
Other skeletal	1	(—)
Other systems	1	(4)
Other malformations	2	(2)
	32	(29)

The age and parity of the mothers is shown in the following table:

Age in years	Parity							Total
	0	1	2	3	4	5	6	
15—19	—	—	—	—	—	—	—	—
20—24	7	2	—	1	—	—	—	10
25—29	4	3	4	2	—	—	—	13
30—34	1	—	1	—	—	—	—	2
35—39	—	1	—	—	—	—	—	1
40—44	—	—	—	—	—	—	1	1
45—49	—	—	—	—	—	—	—	—
Unknown	1	—	—	—	—	—	—	1
	13	6	5	3	—	—	1	28

6. Infant Deaths

Causes of Death	Weeks				Total	Months				Grand Total	Died in Institutions
	0—1	1—	2—	3—4		1—	3—	6—	9—12		
Prematurity	4	—	—	—	4	—	—	—	—	4	4
Intra-uterine asphyxia	1	—	—	—	1	—	—	—	—	1	1
Intra-cranial haemorrhage	3	—	—	—	3	—	—	—	—	3	3
Atelectasis, pneumothorax, rt. hemithorax	1	—	—	—	1	—	—	—	—	1	1
Congenital malformations	1	—	2	—	3	1	1	—	1	6	5
Acute bronchitis	—	1	—	—	1	—	—	—	—	1	1
Acute bronchiolitis	—	—	—	—	—	1	3	1	—	5	3
Inhalation of stomach content	—	—	—	—	—	1	—	—	—	1	—
Acute pulmonary oedema	—	—	—	—	—	1	—	—	—	1	1
Sub-endocardial fibroelastocis	—	—	—	—	—	—	1	—	—	1	—
Intussusception	—	—	—	—	—	—	—	—	1	1	1
	*10	1	2	—	13	4	5	1	2	25	20

*This figure includes 2 inward transferable deaths, both infants died in hospital.

Comments

There were 25 infant deaths during the year of which 5 occurred at home. This represents an infant mortality rate of 14.82% compared with the national figure of 18.3.

Ten of these infant deaths occurred in the first week of life. All died in hospital and in 4 cases prematurity was the major cause of death. Three infants died of intraventricular haemorrhage, one of multiple congenital deformities (in which rhesus incompatibility was a factor), one of intra-uterine asphyxia and one of atelectasis.

Four infants died during the first month. All these deaths occurred in hospital and in three instances were due to acute respiratory infection, and the fourth being due to a congenital cardiac malformation.

Of the remaining eleven infants dying under the age of one year, six were due to respiratory infections, in two instances superimposed on a condition of congenital defect. One infant died at five weeks with multiple congenital malformations and another at nine months of acute intestinal obstruction due to intussusception. Of the remaining three, one died from acute pulmonary oedema, one of respiratory failure due to inhalation of stomach contents and one to heart failure due to a congenital cardiac defect.

The number of deaths due to acute respiratory infection is high for a second year in succession (5 in 1966, 3 in 1965 and 2 in 1964) and would appear to warrant further investigation, comprising as they do about one-quarter of all infant deaths under one year.

7. Screening for Phenylketonuria

The Medical Research Council made a grant to Dr. L. I. Woolf of the Radcliffe Infirmary, enabling him to undertake screening procedures for phenylketonuria by paper chromatographic methods. This method of testing the urine of all infants at approximately 3—6 weeks continued throughout the year; 1,367 infants were tested and in 53 cases doubtful reactions were re-tested. No cases were confirmed positive for phenylketonuria or for six other conditions of inborn errors of metabolism.

Nurseries

(a) Day Nurseries

The two day nurseries continued to admit children under the age of three years who cannot be cared for adequately by their mothers owing to some special hardship.

The decision to admit a child is the responsibility of one of the assistant medical officers who investigates the case fully and sanctions admission only if it is in the best interest of the child.

Reasons for admission of new children were as follows:—

	Botley Road	*Florence Park*
Doctor's recommendation ..	8	2
Illegitimate children	12	15
Illness of parent	1	2
Parents separated	5	3
Widowed mother	—	2
Deserted mother	—	3
	26	27

Details of attendances and staff during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	20	6	9	19	13.56	10.65	4
Florence Park	30	23	4	12	15	13.61	11.95	4

Comments

The nurseries are visited weekly by the same medical officer who supervises the health and welfare of the children, and with written consent of the mother or guardian, carries out any prophylactic procedures which may be considered advisable.

The maximum charge for a child's maintenance at the nursery was increased from 16/3*d.* per day to 18/9*d.* Parents are assessed according to income, subject to a minimum charge of 3/- per day.

The following table shows the assessments for children on the register at the end of the year:—

Assessed to pay	*Botley Road*	*Florence Park*
18/9*d.* per day (maximum)	3	2
15/6*d.* to 8/8*d.* per day	2	1
5/5*d.* to 3/1*d.* per day	6	6
3/- per day (minimum)	15	14
*Children from other local authorities	2	4
	28	27

*In these cases the County authority is responsible for payment of full cost.

Both nurseries provide facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(b) Nurseries and Child Minders Regulation Act, 1948

Details of registration under the Act are shown in the following table:

	Number registered at 31.12.67	Number of children provided for
Premises	19	509
Daily minders ..	8	59

The number of premises registered for the purpose of organised pre-school play-groups has increased considerably (60%) during 1967, and by the end of the year approximately 150 more children mainly between the ages of 3 and 5 years were being cared for during part of each week-day.

The basis on which these play-groups function is strictly supervised by members on the Department's health visiting and medical staff, and help and advice is given to the organisers, who usually have had previous training in nursing, nursery nursing or teaching.

They provide a general current need for play facilities for pre-school children.

(c) Save the Children Fund Play-groups

Two play-groups function in the City under the auspices and with the financial help of the "Save the Children Fund".

In September, the East Oxford play-group moved to the clinic premises at the new Health Centre. As the room used was smaller than the previous one, it was necessary to reduce the numbers of children attending from 30 to 24 at each session. These are held on three mornings and two afternoons weekly. Two trained nursery nurses act as full-time organisers helped voluntarily by a rota of mothers and the occasional services of senior school children.

At the end of the year the following groups of children were on the register and attended some or all sessions:—

British	25
Pakistani and Indian	17
Irish	16
West Indian	13
Italian	4
Yugoslavian	2

The names of 41 children are on the waiting list at present. Particular benefit in attending the play-group is given to those children who have restricted living and play conditions, who do not speak English or who may have a speech development defect.

The Slade Park "Save the Children Fund" play-group is held at the Slade Park clinic five mornings weekly, 20 children attending each session. A trained nursery nurse acts as organiser with the help of voluntary workers.

The majority of children attending are from the Homeless Families Units and are mainly of British nationality with 4 West Indians. Fourteen children's names are on the waiting list.

During the year officers of the "Save the Children Fund" have visited both groups on a number of occasions.

9. Co-ordinating Committee for Children Neglected or Ill-treated in their Own Homes

The Committee, under the Chairmanship of the Children's Officer, met every six weeks during the year and a total of 56 families were discussed, many of them on several occasions. In addition case conferences of the individual workers concerned, including the family doctor and health visitor, were held on a number of occasions.

The meetings are of value in permitting members to pool information and agree on future policy. Wherever possible, co-ordinated action is aimed at obtaining the most effective help and guidance for the family under review.

10. Adoption Act, 1958. (Dr. Lawrence)

The Children's Department acting as an Adoption Agency is responsible for the placing of babies for adoption. On their behalf 59 infants were examined, including two in which the case-work had been taken over from the Moral Welfare Association, who no longer employ a social worker in Oxford.

A paediatric opinion was requested for seven infants in whom there was some doubt about progress or development, but in all cases it proved possible to place these children successfully, after a short delay.

In every case the medical reasons for delay were discussed fully with the Child Care Officer concerned, so that prospective adopters could be advised appropriately. In two cases it was also thought desirable for prospective adopters to discuss the infant's health with the doctor, and interviews were arranged.

The assessment of young babies who are to be placed for adoption is in many cases a difficult task, and it is customary to obtain a detailed report from the paediatrician in charge of the baby after delivery, as well as to carry out a careful physical examination. In every case the results of Wasserman and Kahn tests on the mother's and infant's blood must be known before placement for adoption can be considered, and a routine test to exclude phenylketonuria is also carried out at the age of six weeks.

A doctor from the Health Department advises the Adoption sub-committee about medical aspects of cases when the suitability of prospective adopters is being considered. The Children's Department seeks a medical opinion in all such cases, of which there were 65 this year. This often entails consulting the applicant's family doctor or specialist as well

as offering advice about the routine medical reports which are obtained. In four cases it also proved necessary to interview applicants to resolve doubts about some aspects of their medical history, and to ensure as far as possible that they were suitable, both physically and mentally, to adopt a child.

11. Care of Illegitimate Children

There were 224 registered illegitimate live-births to Oxford residents. This represents 13.28 of all live-births, compared with 11.37 in 1966. Of the 201 illegitimate births which occurred in the City, there were 68 cases in which the father and mother registered the birth together.

Mother and Baby Hostel

Mothers are admitted at the request of a social worker when the need arises, either in pregnancy or after the baby is born. The usual stay is for two months—four weeks before the birth of the baby and four weeks after, thus giving the mother an opportunity for a considered rather than a hurried plan for the baby's future after discussion with a social worker. This time-table is not rigidly enforced and the length of stay depends both upon the mother's need and her ability to profit from a stay in the hostel.

The opportunity is taken to teach mothercraft as well as to assist in finding suitable accommodation and work for those who decide to keep their babies.

Cases are also admitted from other Local Health Authorities who are responsible for the full cost of maintenance, and 29 such cases were admitted during the year.

There is an annexe, consisting of a single room with toilet facilities, which is intended for overnight emergency accommodation for a homeless woman with or without a baby. There were 8 admissions to the annexe during the year.

Admissions and discharges (excluding the annexe) were as follows:—

	Admissions	*Discharges*
Mothers	50	52
Babies	23	23

The average length of stay was as follows:—

Antenatal	32 days
Postnatal	21 days

The disposal of the 19 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, marriage, etc.)	7
Mother to own home, baby for adoption	3

Mother to own home, baby taken into care by Children's Department	2
Mother to lodgings, baby for adoption	2
Mother to lodgings, baby taken into care by Children's Department	2
Mother to lodgings, baby to foster home	2
Mother to hostel, baby to foster home	1

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

There has been another encouraging increase in the number of children under 5 years of age whose parents have requested a dental check at the clinic during 1967.

The principal aim of dental health education in the City is to convince parents of the importance of early visits to the dentist and requests for attention from this group of pre-school children has always been given priority at the clinic. It gives, therefore, great satisfaction to note each year this trend in the right direction.

	Children under 5 years	*Expectant and nursing mothers*
(i) *Inspections*		
Patients given first inspections	137	7
Patients who required treatment ..	121	7
Patients who were offered treatment ..	121	7
(ii) *Visits for treatment*		
First visits	121	7
Subsequent visits	62	3
Total visits	183	10
(iii) *Treatment provided*		
Teeth filled	169	8
Teeth extracted	18	—
Scaling or removal of stains	78	7
Teeth otherwise conserved	53	—
(iv) Number of courses of treatment completed	132	7

SECTION VII

MENTAL HEALTH

1. Administration

(a) Staff

The administrative arrangements have not changed during the last twelve months. The Medical Officer of Health has delegated to his deputy the day-to-day supervision of the division, and the Chief Mental Health Officer co-ordinates the work done by the Mental Health Officers, Mabel Prichard School, Industrial Training Unit and the Hostel for Subnormal Children. Mr. F. F. Vipond was appointed Senior Mental Welfare Officer in February.

(b) Co-ordination with Hospitals

The Mental Health Sub-Committee and the Hospital Management Committees of Littlemore and the Warneford and Park Hospitals had several members in common. The Medical Officer of Health was a member of the Warneford and Park Hospital Management Committee and his deputy of Littlemore Hospital Management Committee. During the year the Regional Hospital Board decided to bring all the psychiatric hospitals under the same management with effect from 1st April, 1968, and the vice-chairman of the Health Committee and the Medical Officer of Health were among those appointed to the new "Isis" Group Hospital Management Committee.

The Mental Health Officers attend case conferences, out-patient clinics and clinical meetings at the local psychiatric hospitals and work closely with the hospital staff.

(c) Voluntary Associations

A member of the Oxford branch of the National Society for Mentally Handicapped Children is a co-opted member of the Mental Health Sub-Committee and the Chief Mental Health Officer attends the committee meetings of this Society. The Society runs a social club for subnormal adults and children besides many other activities.

The Chief Mental Health Officer is a member of the steering committee set up in 1966 to establish a local branch of the National Association of Mental Health.

During the year the Richmond Fellowship, helped by a mortgage from the City Council, acquired Rutland House, 41 Davenant Road, Oxford, as a hostel for students convalescing from psychiatric illness, the Warden being Rev. P. Grant, Church of England Chaplain to the Warneford Hospital. The Deputy Medical Officer of Health was appointed a member of the Management Committee.

The Oxford and District Council on Alcoholism on whose executive

committee the Deputy Medical Officer of Health serves, has continued to provide hostel accommodation for alcoholics at 81 Cowley Road.

(d) Training

One of the trainee Mental Welfare Officers spent the year at the North Western Polytechnic, London, attending a two-year course for the Certificate of the Council of Training in Social Work. In October the other trainee went to the College of Commerce, Bristol, to start a similar course. In October one of the instructors at the Industrial Training Unit attended a course at the Chiswick Polytechnic for the Diploma for Teachers of the Mentally Handicapped. Four students from the High Wycombe College of Technology who are taking the two year course for the Certificate in Social Work came to the division for practical study for periods of six weeks. One student from Barnett House Department of Social and Administrative Studies, University of Oxford, undertook case work under the supervision of the Senior Mental Welfare Officer.

2. Work in the Community

A. The Mentally Ill

(i) Admissions and discharges from hospital

Admissions	1962	1963	1964	1965	1966	Average 1962-66	1967
Section 25 (admission for observation on 2 medical certificates) ..	46	72	56	50	83	61.4	89
Section 26 (admission for treatment on 2 medical certificates) ..	8	5	6	3	5	5.4	4
Section 29 (emergency admissions on 1 medical certificate)	60	76	81	66	59	68.4	48
Section 60 (admission via a court, assizes or quarter sessions)	2	2	3	4	4	3.0	2
Section 65 (Court order restricting discharge)	1	1	—	1	3	1.2	1
Section 71 (Custody during Her Majesty's pleasure)	1	—	—	—	—	0.2	—
Section 136 (Admission to a place of safety)	—	—	—	—	—	0.0	3
Total compulsory admissions ..	118	156	146	124	154	139.6	148
Informal admissions	415	511	485	537	599	509.4	605
Total admissions	533	667	631	661	753	649.0	753
Deaths in hospitals	32	33	40	37	50	38.4	45
Left hospital	467	554	583	621	686	582.2	710
Total discharges	499	587	623	658	736	620.6	755
Difference between recorded numbers admitted and discharged	34	80	8	3	17	28.4	-2

The number of informal admissions has risen slightly and is the highest recorded. A small fall in compulsory admissions leaves the total number of admissions exactly the same as last year. The number of admissions under Section 29 of the Mental Health Act fell again and is the lowest on record representing only 30% of all compulsory admissions.

It is gratifying to note for the first time a minus number for the difference between numbers admitted and discharged from hospital.

(ii) Admissions of the elderly to psychiatric hospitals

The following table shows the figures for this year and the previous five years.

Admissions to psychiatric hospitals

Age	1962	1963	1964	1965	1966	Average 1962-66	1967
60—69 ..	49	40	39	51	52	46.2	54
70—79 ..	34	38	37	33	37	35.8	35
Over 80 ..	23	24	22	31	43	28.6	39
	106	102	98	115	132	110.6	128

Eighteen of the total of 128 patients had had previous spells of admission to hospital.

(iii) Supervision

During the year 156 mentally ill patients and 3 psychopaths were referred to the Mental Health Division and at the end of the year there were 244 mentally ill patients under supervision.

The sources of referral are indicated in the table below:—

Referred by	Mentally Ill				Psychopathic			
	Under age 16		16 and over		Under age 16		16 and over	
	M	F	M	F	M	F	M	F
(*a*) General Practitioners	—	—	7	16	—	—	—	—
(*b*) Hospitals, on discharge from in-patient treatment	—	—	12	10	—	—	1	—
(*c*) Hospitals, after or during out-patient or day treatment	3	1	15	30	—	—	2	—
(*d*) Police and courts ..	—	1	1	1	—	—	—	—
(*e*) Patient or family ..	—	—	6	11	—	—	—	—
(*f*) Medical Social Workers	—	—	1	3	—	—	—	—
(*g*) Health Visitors ..	—	—	1	7	—	—	—	—
(*h*) Children's Officer ..	—	—	—	3	—	—	—	—
(*i*) Voluntary bodies ..	—	—	3	1	—	—	—	—
(*j*) D.R.O.	—	—	3	1	—	—	—	—
(*k*) Ministry of Social Security	—	—	2	1	—	—	—	—
(*l*) Welfare Division ..	—	—	1	1	—	—	—	—
(*m*) Other sources ..	—	—	6	8	—	—	—	—
Total	3	2	58	93	—	—	3	—

B. Subnormality

(i) Ascertainment

New cases referred by:—		
Education Department		25
for supervision after leaving school	15	
for admission to Training Centre	10	
Hospitals		5
Other local authorities on removal to Oxford		7
Miscellaneous		11
		48

At the end of the year these were placed as follows:—

Working	17
Mabel Prichard School	11
Industrial Training Unit	5
Hospital	3
Unemployed at home	7
Left district	2
Still at Slade Park School	3

(ii) Accommodation in hospital

(a) Waiting Lists

Six children and six adults were on the waiting lists of hospitals at the end of the year. Two of these, both children under five, were in need of admission urgently. One had been waiting for seven months and one for one month.

(b) Oxford residents in hospital inside the region

	In 1962			*In* 1967		
	M.	F.		M.	F.	
Borocourt	23	32		31	25	
Bradwell Grove	13	1		15	3	
Cotshill Hospital	5	3		3	1	
Cumnor Rise	—	11		—	9	
Northview Hospital	—	4		—	1	
Pewsey Hospital	7	7		7	9	
Purley Park	2	—		2	—	
Smiths Hospital, Henley	4	2		4	2	
Style Acre, nr. Wallingford	3	—		3	—	
Wayland Hospital	—	13		—	9	
	57	73	= 130	65	59	= 124

(c) Oxford residents in hospitals, etc., outside the region

	In 1962		*In* 1967	
	M.	F.	M.	F.
Barvin Park, Potters Bar ..	4	—	3	—
Cell Barnes Colony, St. Albans ..	1	1	1	1
Churchill House, Easthampstead	1	—	1	—
Etloe House, Leyton, London ..	—	2	—	1
Glenfrith Hospital Leicester ..	—	—	1	—
Leybourne Grange Colony, West Malling	1	—	1	1
Lisieux Hall, Chorley	1	—	1	—
Manor House, Aylesbury	2	5	2	3
Marlborough Convalescent Home	—	—	1	—
Mount Tabor, Aylesbury	—	—	—	1
State Hospitals	4	4	4	—
Royal Western Counties Hospital, Starcross	—	1	—	1
St. Francis School, Buntingford ..	3	—	3	—
St. John's Hostel, Camberwell ..	—	1	—	1
St. Mary's Home, Buxted ..	—	2	—	1
Stallington Hall, Stoke-on-Trent	1	—	1	—
Stoke Park Colony, Bristol ..	3	3	2	2
Other hospitals, hostels, etc. ..	5	4	—	—
	26	23 = 49	21	12 = 33

(iii) Supervision

At the end of the year 200 subnormal persons (58 children and 142 adults) were being supervised informally by the Mental Health Gfficers.

(iv) Guardianship

At the end of the year three cases were under guardianship; of whom one was in the care of the Brighton Guardianship Society, one was in employment in Buckinghamshire, and one was working in a local hospital.

(v) Mabel Prichard School

Miss Warburton, who had been the supervisor of the school since it was first opened in 1928, retired in March. She saw it through all the difficulties of the early days, through the war and through the move from the old premises at Bayswater Road, Barton, to the present purpose-built building. Throughout this long period of devoted work Miss Warburton and her staff contributed enormously to the improvement in the attitude of the public towards the problems of mental subnormality. Miss Warburton was succeeded as supervisor by Miss J. Forshaw.

The age and sex distribution of the children attending at the end of the year is shown in the following table:—

	Boys	*Girls*	*Total*
0—4	3	0	3
5—10	15	15	30
11—15	11	5	16
16 years and over ..	3	0	3
	32	20	52

During the year a start was made in the replacement of the equipment of the school, a good deal of which has become obsolete.

The children were taken as a group to visit the railway station, cattle market and fire station and it is hoped that visits of the same kind will become a regular part of their life. The annual holiday at the seaside was as successful as usual; the children were accompanied by two members of the staff, two parents and a trainee Mental Welfare Officer. A sale of work was held on 6th December. Unfortunately it coincided with a very heavy fall of snow; but it raised £60 nevertheless.

There were numerous visitors to the school throughout the year, including students from the Radcliffe Infirmary, teachers' training colleges, and the University and student district nurses and midwives. There were also many visitors from overseas including America and Germany.

(vi) St. Nicholas House

Mrs. S. G. Davis, who had been superintendent since the hostel opened in 1964 left in December to take up a post as Assistant Organiser of training centres and hostels, with Hampshire County Council. Mrs. J. Entwistle followed her as superintendent, and luckily she was able to take up her work in Oxford ten days before Mrs. Davis left, which permitted a smooth handover with as little emotional disturbance to the children as possible.

The age and sex distribution of the children in residence during the Michaelmas term is shown in the following table:—

	Boys	*Girls*	*Total*
0—4	—	—	—
5—10	1	4	5
11—15	3	3	6
16 years and over ..	2	1	3
	6	8	14

In January a girl was admitted when her father, a serving soldier for the time being stationed in Oxford, was posted to Germany. The Ministry of Defence provides no facilities such as training centres or special schools, for even its largest garrisons abroad. The cost of maintaining the child

fell directly upon the City of Oxford, which would not have been the case if the child had been admitted to a special boarding school through the Education Department. Arrangements were made, with some difficulty, for her to rejoin her parents in Germany for all the school holidays.

A play group was held at the house for two weeks in August. Twenty-four children attended. The children spent a very enjoyable holiday on the Isle of Wight at Ryde in September and made their annual visit to St. Giles' Fair. Once again the Girl Guides gave the children an Easter Egg party and we are most grateful for their continued help throughout the year and we are also grateful to all parents and friends of St. Nicholas for all their help. The Christmas party on the 19th December proved a very happy event and included a Nativity Play performed by the children which was accompanied by St. Nicholas Church Choir. As usual we were happy to see many visitors throughout the year from many countries including Nigeria and America.

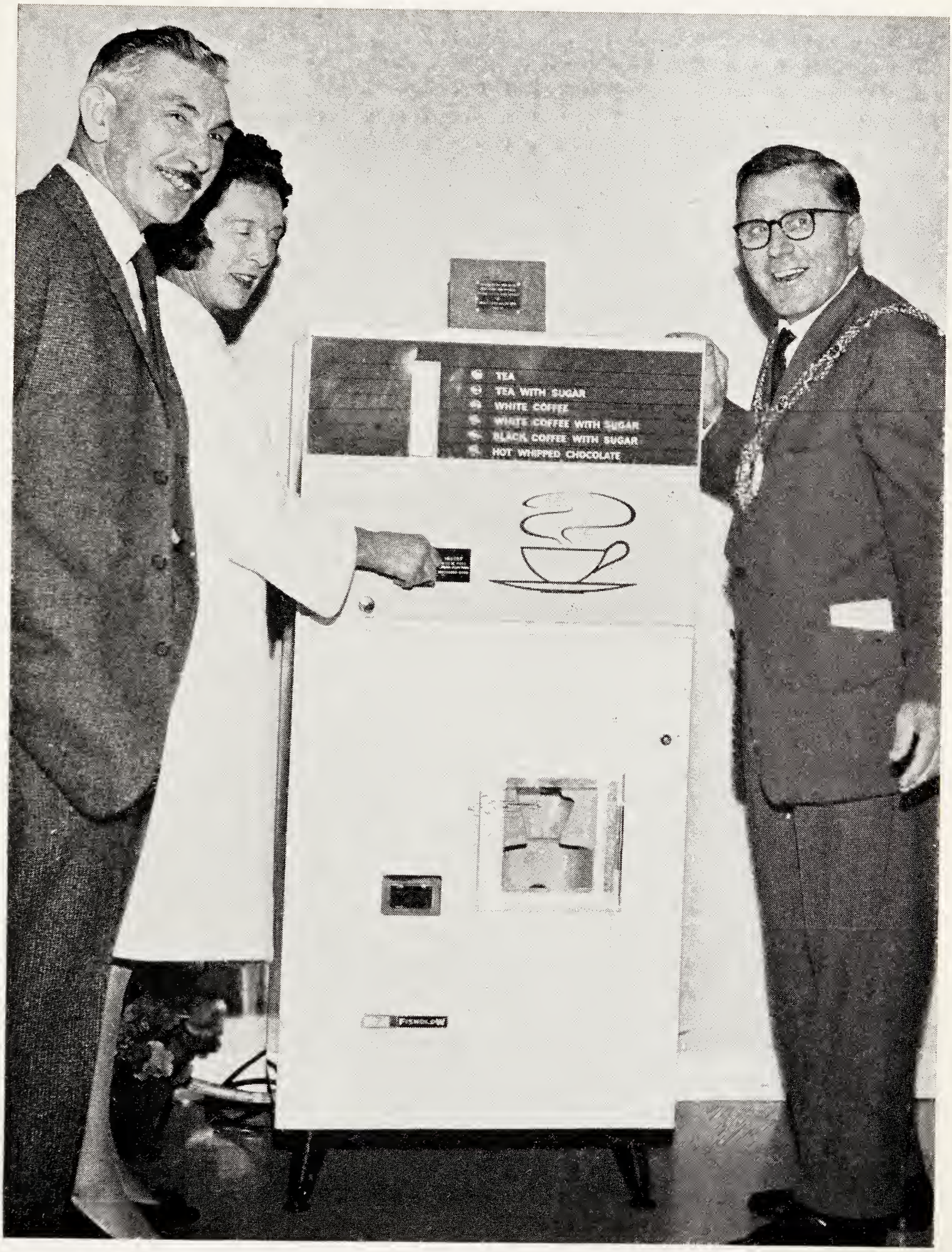
(vii) The Industrial Training Unit

The age and sex distribution of the trainees at the end of the year was as follows:—

	Men	*Women*	*Total*
16—19 years ..	10	9	19
20—29 years ..	5	11	16
30—39 years ..	5	2	7
40—49 years ..	5	—	5
50—59 years ..	6	2	8
60 and over ..	1	1	2
	32	25	57

All the trainees were domiciled in the City of Oxford, except for two from Berkshire. Six of the trainees were patients from Littlemore Hospital who have their domicile in the City.

The work of the Unit continued on the lines already established. Fortunately there was no lack of suitable work for the trainees, and for this we are much indebted to the kindness and interest of the management of the British Motor Corporation. Work done at the Unit during 1967 included assembling contact sets and looping wires and plugs and washers for cars; packing glove boxes, map pockets, parcel trays, water-pump kits, badges, rivets and motifs; making swabs, plastic sleeves and protection bibs, ambulance journey pads, special coat-hangers, hairdressing caps, inspection mits, bonnet hooks; cutting up gamgee tissue and making martindale masks; wire bending and assembling and stitching hand guards; sorting plastics; cutting paper and drilling castors. Other activities by the trainees included instruction in hairdressing, for which a helmet hair drier is used, and shopping for the weekly meetings of the youth club.



HOT DRINK VENDING MACHINE
PRESENTED BY BRITISH MOTOR CORPORATION

The installation of a hoist in the covered work area has greatly simplified loading and unloading problems. In September the trim shop at B.M.C. presented the Unit with a hot drink vending machine, paid for out of prize money they received for a Quality and Reliability Competition. Mrs. E. S. Lord formally presented the machine to the Lord Mayor at a ceremony at the Unit. This generous gift is of great value, not only because of its convenience, but also because of the experience it provides for the trainees in the use of coin-operated machinery, which is so important a part of modern life.

Two students from the National Association of Mental Health course for the Diploma for Staffs of Training Centres for Mentally Subnormal Adults spent a month at the Unit during their practical training.

The City Police gave a concert to the Youth Club at the unit.

Three hundred and fifty-eight visitors came to the Unit during the year from many countries including Czechoslovakia, Holland, Mauritius, Pahang, Portugal, Sarawak, Sweden, Trinidad, U.S.A. and Zambia.

3. Future developments

(a) Hostel for subnormal adults

Building started in May, 1967. The hope expressed last year that the hostel would be occupied by the end of 1967 was not fulfilled, but it should be open during the summer of 1968.

(b) Group Home for the Mentally Ill

Approval was obtained for the conversion of 27 Brasenose Driftway, a large house which was formerly the quarters for the adjutant at Cowley Barracks and is now the property of the corporation, into a group home for seven mentally ill men. There will be no resident staff. It is hoped that it will be occupied shortly after the hostel for subnormal adults comes into use during the summer of 1968.

(c) Alterations at the Industrial Training Unit

Approval was given for the enclosure of the covered work area at the Industrial Training Unit to provide additional storage space. This work should be completed before the end of 1968 and it will help to assure continuity of the supply of work at the Unit.

(d) Hostel for the mentally ill

This project is still under consideration.

SECTION VIII

WELFARE SERVICES

Report by J. C. DAVENPORT
Chief Welfare Services Officer

In July, 1948, the City Council delegated to the Health Committee its functions under the National Assistance Act 1948 and the Welfare Services Sub-Committee meets monthly to deal with the administration of welfare services in the City.

1. General Welfare arrangements for the Aged and Infirm

Before describing progress in the welfare services in the City, it would be useful to examine the statistics concerning the size of the problem, and endeavour to assess what part these services have to play in promoting the well being of the population.

The 1961 census proved that there were in this City about 12,000 persons over the age of 65, and of this total approximately 5,000 were over the age of 75. For the past ten years we have been informed by statisticians that the number of people over the age of 65 has been increasing, and will continue to do so until 1980. It is reasonable, therefore, to assume that the totals of 12,000 and 5,000 can be accepted as absolute minima.

It is also beyond dispute that the vast majority of older people wish to live the whole of their lives in a home of their own, and that it is the policy of every local authority to facilitate this desire. In order that this policy can be fully implemented, it is essential that adequate domiciliary help is readily available for those who need it. Not only should practical assistance be available when required but there should be an effective early warning system to prevent unnecessary deterioration in a person's circumstances.

The situation in Oxford, therefore, is that there are 12,000 plus persons who, because of increasing age and infirmity, may need varying degrees of help towards making life more pleasant and endurable, and of these at least 5,000 over 75 years of age can be considered particularly "at risk".

By the end of the year 2,500 elderly and handicapped people were receiving help from the welfare services and a further 1,000 were in contact with the various voluntary agencies who play so great a part in the general welfare structure. Of the 2,500 known to the local authority welfare services, the majority are over 75 years of age, and represent roughly one-half of the estimated "at risk" group. The 1,000 known to voluntary agencies are pensioners of all ages equally distributed, and by virtue of

the close co-operation which exists between statutory and voluntary agencies, when they become "at risk" are transferred to the local authority register and service.

The local authority have provided 460 beds in Old People's Homes, which with 146 beds available in voluntary homes in the City, gives a total of 606 beds. This means that approximately five out of every 100 persons over the age of 65 are living in accommodation providing full care and attention. It means also that 95 out of every 100 are living in their own homes. As long as these citizens are receiving adequate assistance, this is roughly the picture we want to see.

There is no doubt that those who live in Old People's Homes are getting all that is necessary to ensure comfort, warmth, adequate food, and opportunities for interest. The same cannot be said for all those living in their own homes, and the improvement of services to this group has been the aim for 1967.

The policy of expanding the welfare officer staff by recruitment and professional training adopted by the Council in 1962, is beginning to become more effective. Three members of the establishment have become professionally qualified social workers, three more are away on social work training courses, and there are two trainee welfare officers receiving in-service experience prior to attending training courses. As a result the emphasis of work is changing, as it should do, towards the effective assessment of present and future need. Preventive work is now beginning to show its effect. This development in no way decries the tremendous amount of work done in the past, but it is possible only to do preventive work effectively when there are sufficient staff. Crises still occur but fortunately much less frequently. The planned increase in case-work over the next few years will certainly help to diminish the number of these even further.

The average age of all the residents in the Old People's Homes remains as it has been for the past ten years, approximately 85 years, and this fact alone emphasises that this group constitute those most in need of care and attention. According to the 1961 census there were at that time in the City of Oxford some 888 persons aged 85 years or over. Today there are about 450 persons of this average age range in Part III accommodation, and there must therefore be at least a further 600 in their own homes, cared for by relatives and/or the welfare services. The Department had a total case level on the 31st December, 1967, of 946 aged persons, most of whom are over 75 years of age. In these days of full employment and greater movement of families, the care of an aged frail person can present very great difficulties in many families, and the social services have to play an ever increasing part. One often hears that family responsibilities for the elderly have decreased. This suggestion is rejected because there are many more old people, the patterns of living and housing have changed and one hears of the distressing cases more frequently. All that has been said leads one to the conclusion that a greater quantity

and ever improving quality of social services are needed if one is to cope with the problem of providing comfort, happiness and security for the elderly.

Oxford has pioneered many welfare services in the past, such as short-stay accommodation, bathing and laundry assistance and this year on 1st April the day care service, inaugurated by the Oxford Council of Social Service, was taken over. The object of the scheme is to provide local paid help to keep a watchful eye on persons living alone.

The pattern adopted is to recruit a helper as near as possible to the address of the person in need, in order that regular visits may be made during the day, and in a real emergency also. The service given is that which would normally be provided by a relative or close friend, such as lighting fires, help with shopping, preparation of meals, and friendly contact. The Department were fortunate in taking over a nucleus of first class helpers assisting eleven cases, and by the end of the year this had expanded to eighteen helpers and nineteen cases.

This venture demonstrates once more the valuable help that can be given by a voluntary association working in partnership with the statutory authority, and I would again like to extend my thanks for the goodwill and effort which is always so readily available in the City from the voluntary organisations. I would also like to record my appreciation of the great amount of work done by my staff. They have willingly accepted a heavy burden knowing that established posts cannot be filled until the necessary trained staff are available.

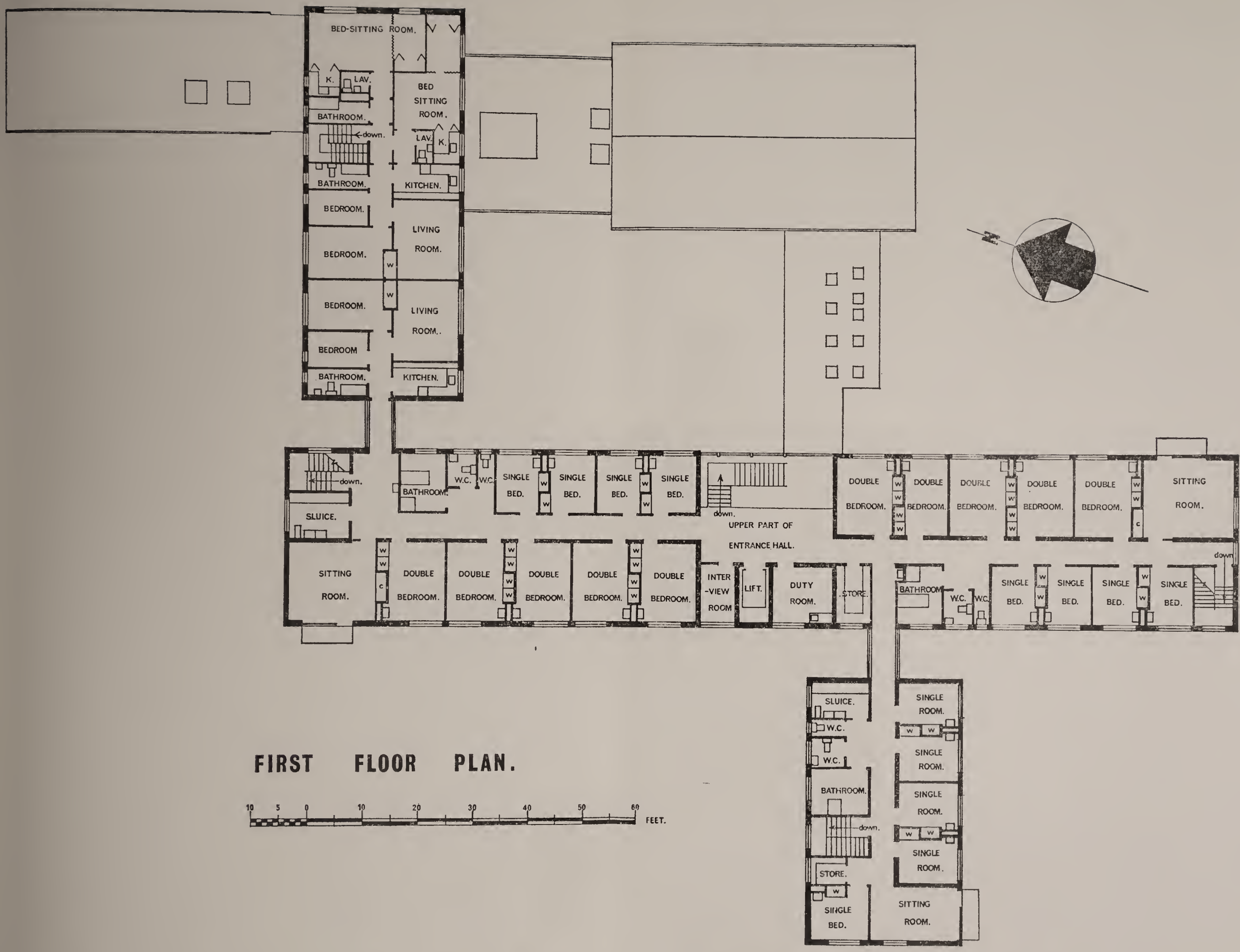
2. Residential accommodation

Towards the end of the year Longlands, the new Home at Blackbird Leys was opened. At the same time Frilford House closed. There were some regrets at the closing of Frilford House which for the past sixteen years has provided many of the elderly with a peaceful and happy home. It did, however, have disadvantages. It was rather isolated, and management and staffing were a constant headache. As a beautiful old country residence it had structural hazards for the infirm, and residents as they got older had to be moved to more suitable accommodation, which to them was often distressing, as all moves are to the old. When the time came for the residents of Frilford House to move to Longlands, a few were apprehensive, but within days of moving to the new Home, these fears had vanished, and all expressed their happiness at acquiring a new home so ideal for their requirements. Sincere thanks are due to all those past members of the staff of Frilford House, who over the years have worked so hard, often under difficult circumstances.

The Homes in general have continued their individual ways, and provided what is believed to be one of the finest residential services for old people in the country. Every endeavour is made to keep the atmosphere as near to that of being a real home for each individual, and

GROUND FLOOR PLAN.

LONGLANDS OLD PEOPLE'S HOME, BLACKBIRD LEYS.



FIRST FLOOR PLAN.

10 5 0 10 20 30 40 50 60 FEET.

LONGLANDS OLD PEOPLE'S HOME, BLACKBIRD LEYS.

"LONGLANDS" OLD PEOPLE'S HOME

constant watch is kept to resist any suggestion that will savour of an institution. In a real home a person should be encouraged, but not pressurised, to do those things which he or she wants to do. Such an atmosphere has been maintained in the Homes in Oxford, but with such a high average age and its accompanying frailty, it has not been an easy task.

The shortage of geriatric hospital beds remains a serious problem and staff frequently have to undertake extra burdens of nursing care for residents who are deemed not to be so urgently in need of a hospital bed as other sick persons. Whilst the City Council continues to increase the number of beds in Homes, there have been reductions in the number of Hospital geriatric beds. As a result there has been great pressure on the local authority to take patients from hospitals into Part III accommodation. Of 139 admissions from the Homes to hospitals, nine beds are still held for returns, leaving 56 vacancies which, together with the 44 deaths in the Homes gave a total of 100 vacancies during the year. 40 of those were allocated to direct transfers from hospitals or Hurdis House. With the opening of Longlands every effort was made to clear the hospital waiting lists and by the end of the year the number waiting at Hurdis House had been reduced to three, of which one was awaiting medical re-assessment, one desired Marston Court in particular, and the third was allocated a vacancy seven days later. Frequent demands have been made for admissions to hospital from Part III accommodation to be met by an "exchange". This has been resisted, and will continue to be opposed. How can one say to a resident that Part III accommodation is "home" when the moment hospital treatment is needed, his "home" is occupied by a stranger, so that on discharge from hospital there is little chance of returning to the same familiar surroundings and perhaps not even being in the same locality ?

Statistical Summary as at 31.12.67

Registers

Aged and infirm	946
Blind	205
Partially-sighted	133
Deaf	236
Hard of hearing	420
Physically handicapped	154
	2,094

Number of new cases registered during the year	396
Number of cases receiving domiciliary visits	1,620
Number of visits paid by Welfare Officers during the year	10,888

Number of persons on the waiting list for Old People's Homes:	
A. In their own homes—	
1. Persons who were urgently in need of admission to Part III accommodation	11
2. Persons who required admission within six months	46
3. Persons who desired to enter Part III accommodation but whose circumstances were such that there was no real hardship	182
B. In Hospital	5
C. In Hurdis House	3
Total waiting list	247

ADMISSIONS AND DISCHARGES TO CITY COUNCIL OLD PEOPLE'S HOMES DURING 1967

Home	*Beds*	*New Admissions*		*Hospital Cases*			*Deaths*	
		from home	*from hospital*	*short term*	*admitted*	*returned*	*in hospital*	*in Homes*
Barton End	40	4	—	4	11	8	1	3
Cutteslowe Court	60	8	7	20	15	7	5	8
Frilford House .. .. .. (closed 23.10.67)	26	6	1	—	6	2	2	—
Iffley House	60	8	6	23	30	17	8	3
Longlands .. .. (opened 23.10.67)	60	16	3	1	2	—	—	—
Marston Court	60	10	5	18	23	10	8	3
Oseney Court	60	8	5	21	14	7	5	12
Shotover View	60	14	8	24	21	12	4	8
Townsend House	60	7	5	11	17	11	4	7
		81	40	122	139	74	37	44

Voluntary Homes

Voluntary homes registered with the Local Authority for the care of aged and disabled persons are regularly inspected for general safety standards. One new home has been established, and alterations and improvements carried out at others. On the 31st December, 1967, the following homes were registered:—

Aged and Disabled

Nazareth House, Cowley Road	35 persons

Aged

Fairfield (Council of Social Service), 115 Banbury Road	35 persons
Elizabeth Nuffield, 165 Banbury Road	26 persons
Woodlands Eventide, 111 Woodstock Road ..	15 persons
British Red Cross Society, 107 Banbury Road ..	20 persons
Greengates, 2 Hernes Road	8 persons
Mrs. F. E. Best, 31 Stanley Road	7 persons

The agreement made with the following Home to place accommodation at the disposal of the Authority continues:

Nazareth House, Cowley Road	4 persons

On the 31st December, 1967, the City Council was responsible for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies. :

Nazareth House, Cowley Road	10 persons
British Red Cross Society Home	11 persons
St. John's Home, St. Mary's Road	3 persons
Fairfield, 115 Banbury Road	1 person
Hurdis House, Cowley Road	3 persons
In voluntary Homes outside the City of Oxford ..	24 persons

In a similar way, by arrangement with other Local Authorities, the City Council has accepted financial responsibility for two people in Oxfordshire County Council Homes, and one person in each of Homes administered by Berkshire County Council, Exeter City Council, London Borough of Hillingdon, and Glamorganshire County Council.

Reciprocally, Oxford City Old People's Homes were accommodating ten persons from Oxfordshire, three from Berkshire, and one each from Herefordshire, Carmarthenshire, Islington, Manchester, Surrey, Hampshire, East Sussex, Northamptonshire and Brighton.

Temporary Accommodation

The Welfare Services Sub-Committee retains the responsibility for the provision of emergency accommodation for persons rendered homeless through unforeseen circumstances, for example fire or flood, and for homeless adults without children. Fortunately no crises arose during the year which required the provision of temporary accommodation, but

a number of adults without children did seek our help. Despite the continued shortage of housing accommodation in the City, it was possible for the majority of these applicants to be helped to solve their problems without the necessity of admission to temporary shelter. During the year a total of thirty-seven persons without children applied for assistance and it was necessary to admit six women to the Homeless Families Unit.

3. Welfare arrangements for Blind and Partially-sighted Persons

Register. The number of registered blind persons remained unaltered, but the number of partially-sighted persons increased by twenty-eight. This increased total is accounted for principally by the increase in the numbers of persons newly registered (45 as against 26 in 1966). It may be that as greater social facilities are available for the partially-sighted, there is more encouragement to become registered, but it is quite certain that such a state reflects great credit on the medical eye services available to the people of the City.

Number of persons on the registers during the last five years

	Blind	*Partially sighted*
1963	209	88
1964	218	96
1965	209	99
1966	205	105
1967	205	133

The table below shows the age distribution of blind and partially-sighted persons as registered on 31st December.

	Blind			*Partially-sighted*		
Aged	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
0— 1	—	—	—	—	—	—
2— 4	—	—	—	—	—	—
5—10	2	—	2	1	1	2
11—15	—	—	—	—	—	—
16—20	3	1	4	2	—	2
21—29	—	1	1	3	4	7
30—39	3	1	4	4	—	4
40—49	11	4	15	4	1	5
50—59	10	9	19	6	5	11
60—64	4	5	9	2	1	3
65—69	9	7	16	8	62	70
70 and over	42	93	135	20	9	29

The above statistics show that 65.8 per cent of registered blind persons and 38.6 per cent of registered partially-sighted persons are aged 70 and over.

The table below shows the age groups of persons newly registered during the year.

	Blind			*Partially-sighted*		
Aged	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
0—15	—	—	—	—	—	—
16—20	—	—	—	—	—	—
21—29	—	—	—	—	1	1
30—39	1	—	1	—	—	—
40—49	1	1	2	2	—	2
50—59	2	—	2	2	1	3
60—64	1	1	2	2	—	2
65—69	—	1	1	2	3	5
Over 70	5	17	22	11	21	32
			—			—
			30			45
			=			=

Of the 30 newly registered blind persons 73.3 per cent were aged 70 and over, and of the 43 newly registered partially-sighted, 71.1 per cent were over 70.

The diagnosis of the main disability of the 30 new cases of blindness and the 45 new cases of partial sight registered during the year was as follows:

	Blind		*Partially-sighted*		
Diagnosis	*Male*	*Female*	*Male*	*Female*	*Total*
Macular degeneration ..	2	7	5	6	20
Retinopathy	2	2	2	9	15
Glaucoma	1	1	3	4	9
Cataract	2	4	1	1	8
Diabetic retinopathy ..	—	2	—	3	5
Myopia	—	1	2	1	4
Senile lens opacities ..	—	1	—	1	2
Optic atrophy	1	—	1	—	2
Miscellaneous	2	2	5	1	10
	—	—	—	—	—
	10	20	19	26	75
	=	=	=	=	=

General Welfare and Social Activities

As a result of the considerable increase in participation in the social welfare activities provided for the blind and partially sighted, it was necessary to re-organise the programme.

There were regular attendances of approximately 40 persons at the Craft and Tape Recording sessions, and meetings were held for blind people who work in open and sheltered industry. The Headington Socials catered for 80 people, with the general emphasis on recreational

facilities such as Beetle Drives, Record programmes, etc., interspersed with talks given on topical subjects. The physically handicapped groups enlarged this regular attendance during the summer months. Grateful thanks are due to the many voluntary helpers who assist in the transport arrangements and management at these functions, and by way of saying "thank you" a cheese and wine party was held in October.

The Annual Party for the blind at the Town Hall was attended by 200 people, and 90 blind and their friends took advantage of the holiday arranged by the City and County Society for the Blind at Weston-super-Mare.

4. Welfare arrangements for other Handicapped Classes

A. Deaf

In 1964, the City Council, together with the Voluntary Association, realised that there was a need for expansion of service to both the deaf and the hard of hearing, and as a first step, they created on their establishment posts of Senior Welfare Officer and two trainee welfare officers for the deaf, and seconded them to the voluntary body. Although the second trainee welfare post has yet to be filled, there is no doubt that the service to the deaf and hard of hearing has improved.

At the end of 1967, the register of deaf was as follows:

Age	*Sex*	*Deaf with speech*	*Deaf without speech*
Under 16	M	9	3
	F	3	4
16—29	M	9	6
	F	5	5
30—49	M	2	5
	F	3	5
50—64	M	1	3
	F	—	2
Over 65	M	3	1
	F	2	—
		—	—
Total		37	34
		==	==

The following table shows comparative totals for the past five years:

	Deaf with Speech				*Deaf without Speech*			
	Under 16	16—64	65+	*Total*	*Under* 16	16—64	65+	*Total*
1963	14	9	6	29	6	27	3	36
1964	13	14	4	31	5	30	4	39
1965	14	14	5	33	7	29	3	39
1966	13	19	5	37	5	26	2	33
1967	12	20	5	37	7	26	1	34

The totals do not vary much and this illustrates that the more severely handicapped of this classification were already known, but in effect, the welfare officer has had more time available to deal with people on a case work basis.

Assistance has been given in law courts, surgeries, hospitals, insurance offices and at driving tests. Placement work has been carried out including the finding of employment for school leavers. The Young People's Club meet twice a month on Fridays and during the year some partially deaf young people have joined. Club nights for adults are held on Thursdays and Saturdays and a social evening is arranged after evening service on Sundays. Regular visits are made to people who do not attend the club or church.

National Deaf Children's Society

A new enterprise during the year was a publicity stand at the Oxfordshire Agricultural Show. On the stand was a display of photographs, educational toys and hearing aids. This was made possible by the hard work of the members of the Committee, the loan of a caravan and the generous donation of the site by the organisers of the Show. Two of the Oxford cinemas showed, free of charge, colour transparencies on the work being done among deaf children.

B. The Hard of Hearing

On the 31st December, 1967, the register of the Hard of Hearing was as follows:—

Age	*Sex*	*Hard of Hearing*
Under 16	M	2
	F	—
16—29	M	5
	F	2
30—49	M	6
	F	2
50—64	M	14
	F	18
Over 65	M	72
	F	167
Total		288

In 1963 it was admitted that figures in relation to the hard of hearing were estimated rather than facts, as no registers were kept. With the additional staff available in 1964, a more accurate register was available, and the following table shows registrations for the past five years.

	Hard of Hearing			
	Under 16	16—64	65+	*Total*
1963	—	82	69	151
1964	—	26	75	101
1965	—	43	133	176
1966	2	47	271	320
1967	2	47	239	288

Here a considerable change is shown, and illustrates the deficiency in the service. In 1963 it was estimated that 150 persons were receiving help, and by 1967, the table shows that nearly 300 persons are not only in need, but are partaking of the service.

The Secretary of the Oxford and District Club for the Hard of Hearing has kindly supplied the following report.

A varied programme of activities has been arranged by the hard-working committee, and the members have enjoyed entertainments, social evenings, seasonal parties and a visit to the pantomime. Lip reading classes have continued as usual. The annual Hard of Hearing Day was held in Oxford last year, and commenced with a service in St. Ebbe's Church. A sale and exchange of books has been organised with a view to forming a comprehensive library, and this has proved popular with members.

C. Generally Handicapped

The services for the general handicapped classes have continued much as in previous years, except that more aids have been provided—50 compared with 42 last year.

Type of Aid	*Number of cases*
Bathing aids	24
Handrails	15
Special toilet fittings	12
Garage facilities	4
Other items	8

Plans for the building of a Handicapped Persons' Centre on the very convenient site in Rectory Road were approved in principle by the Ministry of Health, and it is very much hoped that building can commence in 1968/69. Many handicapped persons will derive considerable benefit from such a centre. Representatives from many groups have been consulted about the preliminary design, and their views obtained on features which they consider essential.

The following table shows the age groups of those registered.

	Under 16	16—24 years	25—34 years	35—44 years	45—54 years	55—64 years	Over 65	Total
Male	3	6	14	7	20	10	20	80
Female	2	5	7	18	14	10	18	74
Total	5	11	21	25	34	20	38	154

Spastics

There are 35 spastics known to the department—13 adults (11 male and 2 female) and 22 children. The 22 children are not registered as they are in the care of the School Health Service, but contact is maintained with the Education Department in order to ensure a smooth transfer to the welfare services when that becomes necessary. Of the 13 adults, 7 are normally resident in their own homes and 6 are being cared for in special homes and hospitals. Of those residing in their own homes, 5 men are engaged in full-time occupation in open industry.

Epileptics

Fourteen adult epileptics of major severity (7 male and 7 female) are known to the department. Ten reside in their own homes, 2 are in colony residence and 2 are in hospital care. The great majority of minor cases are able to continue in normal employment.

5. Blind and Handicapped Workshop

As a result of the decisions taken last year, the necessary apparatus for a book finishing service for the printing trade was installed in May and production commenced in June. Six of the existing workers, who had been engaged in the Traditional Trades, were retrained and redeployed on the new machinery. This has enabled the workshop to operate on a more industrial basis and some of the smaller departments have been closed. This in turn has resulted in more work being passed on to part-time workers in their own homes, a trend which is likely to continue.

Fifteen Blind and Sighted Disabled workers are employed in four departments.

Trade	*Number of Employees*	*Categories of Disabilities*
Book Finishing	7	Epilepsy (2), Brain Damage (2), Hemiplegia (1), Blind (1), Deaf without Speech (1).
Chair Seating	6	Blind (3), Paraplegia (2), Hemiplegia (1).
Mat Making	1	Blind.
Watch and Clock	1	Poliomyelitis.

The total sales increased by 22% from £14,740 to £18,053. Details of the origin of goods sold is as follows:—

	1966	1967
Blind and Handicapped and Part-time work:		
City of Oxford	4,205	5,045
Other Local Authorities	8,122	10,029
Occupational Therapy:		
City of Oxford	1,809	2,467
Oxfordshire County Council	604	512
	£14,740	£18,053

6. Miscellaneous Services

A. Meals on Wheels

Five Old People's Homes continued to provide meals on wheels during the year. The total number of meals supplied was 35,829, of which 17,034 originated from the Old People's Homes. The remainder, namely 18,795, were supplied by York Place Municipal Restaurant. The number of persons supplied varied between 175 and 240 per day and meals are available on four days a week.

The cost to the recipient of the subsidised meal has remained at 1/-, and the mileage allowance paid to the very valuable volunteers from the British Red Cross Society and the Women's Royal Voluntary Service who deliver the meals. has remained at 7*d*.

B. Temporary protection of property of persons admitted to hospitals, etc.

This duty under Section 48 of the National Assistance Act, 1948, was effected in 103 cases during the year. There were 113 current inventories of property still in custody at the end of the year.

C. Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, it was necessary for the Council to arrange 14 burials, and in all cases part or full recovery of the cost involved was made.

7. Civil Defence Welfare Section

Under a Civil Defence circular issued in January, 1967, it was decided to reduce the number of Civil Defence volunteers, and local authorities were asked to make fuller use of their staffs by training them for Control duties. New Training Syllabuses were introduced under which a considerable amount of training became common to all sections of the Corps. The new organisation discontinued the training of separate sections of Welfare, Rescue and Ambulance and First Aid. However, provision was made for the training of specialist advisers in these fields, and much of this year's training has been devoted to this end.

In many ways the courses were more interesting as the members were able to train in general control duties.

Peacetime activities included the giving of assistance to "Oxfam" by the loan of equipment, and to the Ladies' Circle of the Round Table by the provision of refreshments at their Firework Display in South Parks in November. In spite of inclement weather about 3,000 people were served with food and a substantial profit was given to charities.

8. Clinical Medical Work on behalf of the Welfare Services (Dr. Leyshon)

A Senior Assistant Medical Officer is available to give advice on day to day medical problems that arise in the work of the Welfare Department. There is close personal contact which makes discussion of problems easier and has resulted in an increasing appreciation of the importance of a doctor as a member of the Welfare team.

The medical officer can act as a valuable link between the Welfare Department and a General Practitioner or Geriatric Hospital when clinical problems are being discussed, and can advise the Welfare Department on the suitability of borderline cases for admission to Part III homes.

Summary of Work Undertaken

(a) Assessment of Suitability for Part III accommodation

There are cases in which it is difficult to decide on the most suitable placement of a patient. These persons usually fall into the category of elderly confused or elderly incontinent. In most cases a decision was reached after discussion with the responsible welfare officer, general practitioner and hospital consultant. However, five visits were necessary to the patient's home or to the hospital for this purpose, following which all the cases were satisfactorily placed with the full co-operation of those concerned. Two visits were made to persons in old people's homes to advise as to their suitability to remain there, and as a result one was transferred to Cowley Road Hospital and the other to Littlemore Hospital. Two visits were made to Cowley Road Hospital, to ensure that the persons involved were suitable to be accommodated in a Part III home. One visit was made to a person at home, to assess whether she could cope in a warden flatlet as an alternative to admission to an old people's home.

(b) Section 47 Cases

During the year, an elderly lady was compulsorily removed under Section 47 of the National Assistance Act and admitted to a Part III home.

This lady lived in condemned property which was due for demolition. There was no water, light or heat at the house, which was in an insanitary condition. Attempts had been made for over six months to get this lady to remove to better accommodation, but without success.

After a period of severe cold weather, she was found one morning, shivering in a chair, unable to move, and had not eaten for several days. It was felt that if she had remained in this condition she would have died from Hypothermia. She was therefore removed to an old people's home, where she has settled well and has made a good recovery.

(c) Provision of Domiciliary Equipment and Household Adaptations (25 visits)

The Occupational Therapy Department advises on the smaller adaptations and aids to daily living, and an account of the work is included in the appropriate section.

The provision of larger items of equipment is supervised by the Senior Assistant Medical Officer, and includes such things as Patient Lifting Hoists, Saskapols, etc. Major adaptations to a house, such as provision of ramps, toilets, and hand rails for stairs, are also dealt with. In many cases, none of these aids and adaptations are sufficient and rehousing to a more suitable house is the only solution. It is hoped that next year, four purpose built houses for handicapped people will have been completed, such provision should obviate the need to carry out expensive major adaptations to existing houses.

A summary of the visits undertaken includes 6 visits to provide hoists, 1 for a Saskapol, 8 for adaptations, and 10 visits for advice about the suitability of the house for adaptations.

(d) Miscellaneous (12 visits)

Most of these included consideration of whether Section 47 of the National Assistance Act should apply. All of these cases, except the one already mentioned, were alleviated by other means, such as persuading the person involved to enter hospital or a Part III home voluntarily. Occasionally, by persuading acceptance of such services as Meals on Wheels and Home Helps, it was possible for the patient to continue to live at home.

(e) Old People's Homes

In the past, each medical officer in the department has been appointed to one or more Old People's Homes. This year the policy was changed, so that two doctors who were especially interested in old people, were appointed to cover all the homes. Personal medical service is given to each resident by their own general practitioner. The main function of a department medical officer is to give advice on general medical problems within a Home, including the prevention and investigation of outbreaks of infectious disease.

SECTION IX

ENVIRONMENTAL HEALTH

Report by W. Combey, D.P.A., F.A.P.H.I., F.R.S.H.,
Chief Public Health Inspector

As mentioned in my last Annual Report, shortage of staff was notable during 1965 and it is with relief that it can be reported this year that the shortage has been met to a considerable degree. Two Authorized Meat Inspectors were appointed during the year in order to take up duty at each of the two Slaughterhouses in the City, so relieving Public Health Inspectors from their constant rota duty. Nevertheless Inspectors were responsible for oversight of detailed meat inspection and the system worked smoothly throughout the rest of the year. One Student Inspector, Mr. Keith Coldham, was successful at the Diploma Examination and took up duty towards the end of the year, while another vacancy was on the verge of being filled with the appointment of Mr. Roberts from Maidenhead, a qualified Inspector who required to take his Meat Certificate. Happily the administrative side was reasonably well staffed and the Pest Control services were fully staffed throughout the year.

Smoke Control continued with the declaration of another Area, No.7, to operate in 1968, while No. 6 Area commenced during the year under review. Unfortunately the Areas were reduced in size because of economic stringency but it is hoped that by the end of 1968 it will be possible to proceed year by year with Areas in sequence in view of our desire to completely cover the City within a possible 10 years. Chimney heights and plans for new boiler plant were regularly inspected during the year in full collaboration with the City Engineer's Building Inspectors and every attempt was made, with collaboration from the City Architect's Planning Section, to keep chimney heights to a minimum and secure the best possible fuel for the plants concerned. It is felt that the Oxford scene deserves careful consideration to all chimney heights and Planning Committee are supporting this view. Proposals for a new teaching hospital are going forward and this involves considerable building at Headington with the possibility of a very large chimney. It seems a pity that fuel could not be chosen which would ensure a much shorter flue and so avoid any obstruction on the Oxford skyline.

Noise problems occurred during the year, as might be expected, with the Eagle Foundry of Messrs. Lucy's being well to the fore in this connection and the B.M.C. factory at Cowley engaged in constructing silencers to reduce noise from their paint lines. Another nuisance of some interest arose from the operation of switch gear at a large Electricity Generating Board Sub-station just outside the City boundary at Cowley. Noise like gun-fire when switches were thrown were the cause of much concern for a while but the Generating Board have now arranged to fit special silencers.

A special Noise Course was also organised at the Oxford College of Technology and this proved very popular. Responsibility for other noise nuisances under the Good Rule and Government Byelaws, etc., becomes the responsibility of the Public Health Inspectorate as from May, 1968, as also does responsibility for Diseases of Animals Act and Orders, as the City Police are being merged with the Thames Valley Force and these and other duties are being shed by the new Force and taken up by the Local Authority. Collaboration has continued on all aspects of nuisances arising from planning proposals and those likely to be of interest to Planning Officers and it is pleasing to acknowledge close liaison with our Planning colleagues. A paper was given by the Chief Public Health Inspector at a local session of the Royal Society of Health during the year and the title was, "Some Public Health Aspects of Planning Control". It was supported in person by the City Architect who opened the discussion and proved of considerable interest to a good audience.

Dry cleaning hazards continued to interest the Department, particularly in view of the growing number of automatic dry cleaning machines in Launderettes which may be unattended. These machines, if damaged by hooliganism or otherwise, could prove hazards to health in view of the dry cleaning fluid present in them which could evaporate and cause considerable local concern.

Shops and Offices Act duties proved less onerous than expected, although a considerable number of minor accidents were noted. These are a reflection of the carelessness of many workers who too often show disregard for their own safety.

Pest Control measures were well organised and the staff, under Mr. Williamson, coped exceedingly well with all demands and their keenness and attention to the various problems to be dealt with was notable.

Despite monthly deposit sampling in the Jericho area, there were no obvious developments in connection with the proposed new fuel delivery plant near the Station. It is understood that it may well be constructed towards the latter part of 1968, and when finished in 1969, operate for the winter period of that year.

One other notable item during the year which involved Public Health Inspectorate was the exceptional flooding of a number of Council houses in the Blackbird Leys area following a tropical-type localised storm which caused considerable distress for a while. Lightning struck the Pumping Station, putting it out of order for a while, and sewers were surcharged, as also were streams and ditches which soon became blocked with debris left by thoughtless persons as is often the case where open ditches and streams are present. Nevertheless there was a remarkable recovery from the unfortunate episode and the Lord Mayor brought into operation the Distress Fund (which had been in use for some years) for the benefit of those in need.

Housing work presented unusual frustration during the year as there was considerable Council opposition to the Jericho (St. Barnabas) Re-

habilitation measures. These involved small Clearance Areas and Orders and a Compulsory Purchase Order for a number of properties in one block. Despite Ministry confirmation of the Compulsory Purchase Order and another Clearance Order, deferment was insisted upon in order to examine the unfortunate circumstances arising out of compensation for unfit houses. Following press publicity and considerable Council discussion and a visit to Bristol to see housing dealt with in "Bristol fashion", the matter remained one of frustration and delay throughout the year There were calls for reconsideration by the Government of compensation procedures and by early 1968 some measures were promised. In the meantime people living in unfit property were considerably upset as re-housing could not proceed until some general progress could be ordered. It was interesting in this respect that Mr. Crossley, our Senior Housing Inspector, was seconded for several weeks by the Ministry of Housing and Local Government to join a team of experienced Public Health Inspectors who were used to carry out a National Housing Survey on a specific sample of houses selected from all parts of the country. The results of this Survey were to be used as the basis of an examination by the Ministry which, as we have seen since commencing this Report, has resulted in a White Paper on the amendment of housing law and procedure.

Multi-occupation was another housing subject which received considerable attention during the year as there are, it is estimated, some 3,500 in the City, including Students' lodgings, of course, which are occupied by numbers of single persons or in other cases by families which inevitably lead to risk of overcrowding. Standards for occupation of such houses were adopted by the City Council the previous year and implementation of these standards has been another frustrating experience. The bogy is the usual one of costs involved in improving amenities and carrying out repairs with the high cost of providing adequate fire prevention arrangements. That there is considerable fire risk in multi-occupied premises cannot be denied and measures to prevent fire danger are extremely important and urgent in many cases but unfortunately usually costly. One cannot do other than support the Chief Fire Officer in his desire to see that the best possible standard of fire prevention arrangement is secured in every multi-occupied dwelling. Nevertheless it is fairly obvious that many people, both in single family unit occupation and in multi-unit occupation, prefer to continue to live in unsatisfactory circumstances and risk danger to life than to be upset by the works involved and the costs which are inevitable to secure necessary improvements. Every attempt is made by Inspectorate, of course, to persuade those concerned, whether tenants or landlords, to take the necessary steps in their own interest but the long suffering Public Health Inspectors continue to be frustrated in their efforts to progress with any speed in the housing field. It is hoped that new Government measures may help to clear up the present non-progressive circumstances and encourage those who need encouragement to secure improvement of their houses and take an interest in their

dwellings by repairs and provision of amenities which will give better standards in houses which otherwise will only decay and become the slums and problems of the future, whether they are single occupation houses or houses occupied in multi-occupation.

In the realm of milk, meat and other food inspection there seemed to be a maintenance of generally satisfactory standards, although a sharp rise in keeping quality failures of milk in automatic vending machines was noted. Satisfactory quality milk at the outset with proper rotation of the stock of milk in the machine, coupled with satisfactory maintenance of the machine and its refrigeration unit, is essential if this easily perishable food is not to become unsatisfactory on sale and lead to possible prosecution of the offending seller. Food hygiene control continued in a satisfactory way, although pressure was needed from time to time to improve conditions which were not up to standard. Public Health Inspectors generally are welcomed at most food preparing and selling premises as they can be of considerable assistance to operators. On the other hand prosecutions with heavy fines, while providing excellent publicity material, are not favoured by staff, who would rather avoid the necessity of pressing home the demands of the law in this fashion and act as educators in an informal but nonetheless definite way. The Hygiene of Vehicles Regulations has stimulated greater interest in the standard of hawkers' vehicles, food stalls, etc., and is encouraging the operators concerned to attain higher standards in street sales. Lectures and demonstrations were given as usual to classes of various types of students and interested persons, including Women's Institutes, Guilds and groups of catering students. Visits continued to the kitchens of hospitals and colleges whereby, with the co-operation of Bursars and Supervisors, much useful work is being done and improvements of premises secured.

Meat inspection received detailed attention with the appointment of the two Technical Assistant Grade Authorised Meat Inspectors who did a good job at each Slaughterhouse with general oversight by Public Health Inspectors as required. They coped well with all demands under the new arrangements for hours of slaughter which ensured freedom from weekend calls, except in emergency, and meant that daily hours of duty were reasonable. Charges for the meat inspection service had at last to be introduced because of the cost of the new inspection service and it is notable that Oxford has remained one of the very few Local Authorities not making a charge for this valuable service until now. Cordial relations exist between the Inspectorate and the meat trade and the two Slaughterhouse managements have collaborated very well with the Department in the new arrangements. Collaboration is also maintained with the Divisional Inspector of the Ministry of Agriculture, Fisheries and Food and his veterinary colleagues and it is encouraging to have occasional visits by the Inspectorate from the Ministry and to have the benefit of helpful technical discussions with them. Fluke infestation was very much higher than normal during the year, indeed the highest for many years,

and obviously associated with wet pastures of a rainy season during the development of the animals involved. There was the usual comparative absence of Tuberculosis and little that needs particular mention in this sphere of animal disease found in carcase meat.

Food and drug sampling was marked by a special interest in pesticide contamination which has become a very topical subject. The Department are taking part in a nation-wide investigation with rationalised sampling throughout the country. The Department is collaborating with the Reading County Borough, Berkshire, Buckinghamshire and Oxfordshire Sampling Officers in taking samples in the survey arrangements. Extra samples have also been taken locally and some positive results confirmed the need for attention to this possible hazard to health, although we are advised that little should be done until the findings of the survey are known and any recommendations made following the examination of the results. The Public Health Laboratory Service Laboratory at the Radcliffe Infirmary has continued to support us in excellent fashion and we are grateful indeed for their practical help throughout the year. Examination of specimens and samples of many kinds has been carried out and staff are always ready to help on special occasions and discuss with staff any problems which might arise.

Throughout the year I have been encouraged and helped by a zealous Deputy in Mr. Garrod, who has never spared himself in carrying out the duties of his office. Despite a spell of illness, probably the result of his activities, he has continued to support me in the details of the supervisory work and it is a pleasure to pay tribute to his loyalty. Mr. England, one of our Senior Inspectors and an older member of staff, also suffered a serious illness and was absent for several months but has happily now returned to duty. The Department continued to respond to calls on their services and I am particularly grateful for the way in which District Inspectors gave of their time out of normal hours where necessary for the purpose of investigating problems or inspecting food premises, stalls or vehicles, etc. I am grateful for their constant support and can with satisfaction say that the year proved to be one of some progress, although not without its frustrations and difficulties.

The Report is again presented in its three sections (A) General Sanitary Circumstances, (B) Housing Conditions, and (C) Supervision of Milk, Meat and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

There was a slight increase in the number dealt with under this heading throughout the year. Notably there were more infestations by insects with a greater number of wasp infestations, while noise nuisances increased slightly and occasionally gave rise to concern often involving inspections at unusual hours.

Complaints	*No.*
Accumulations of Refuse	6
Choked and Defective Drains	32
Defective Water Closets	15
Defective Water Supply	4
Dirty or Verminous Premises	5
Fumigation and Disinfection	54
General Housing Defects (including dampness)	106
Infestation by Insects and Pests	318
Infestation by Rodents	778
Infestation by Wasps	537
Keeping of Animals	4
Noise Nuisance	22
Offensive Odours	76
Overcrowding	5
Refuse Accommodation	21
Smoke Nuisances	34
Unwholesome Food, Containers and False Descriptions	136
Miscellaneous	34
	2,187

Number and Nature of Inspections

Animal Nuisances	86
Drainage	417
Housing	2,069
Interviews	1,277
Licensed Premises	201
Lodging Houses	12
Miscellaneous	1,081
Multi-Occupation	609
Overcrowding	43
Pet Animals	24
Pharmacy and Poison Sellers	32
Piggeries and Stables	74
Rats and Mice	16,002
Refuse Storage and Accumulations	281
School Premises	29
Movable Dwellings	69
Verminous Conditions	9
Water Sampling	36
Insect Pests	227
Noise Nuisances	154
Health Education	26
Inspection of plans	1,542
Offices, Shops and Railway Premises Act Inspections	963

Atmospheric Pollution

Smoke Control Area	1,405
Smoke Observations ($\frac{1}{2}$ hour)	6
Smoke Observations (Casual)	43
S.O.2 Recording Stations	820
Boiler Plants	112
Grit and Odour	425
Clean Air Interviews	62

(ii) Sanitary Circumstances of Aged Persons

Again close collaboration continued with the Welfare Officers of the Department and the University Students' International Voluntary Service made themselves available once again for such voluntary work as was required. Happily there was little need to call on their services and there were no unusual circumstances to report upon.

(iii) Lodging Houses

The Church Army Hostel continues to serve working men in the City by offering cheap accommodation and little trouble has been experienced in this connection, although six cases of verminous conditions required attention during the year. The Hostel is not as active as formerly in connection with accommodation for tramps and homeless men. There seems an increasing number of such men sleeping rough in condemned property, railway sidings and elsewhere. Representatives of an Organisation known as the Simon Community took an active interest in these conditions following a social survey. This revealed that some 50 or 60 vagrants were in the habit of sleeping rough in the City and the Simon Community were trying towards the end of the year to find premises which might be suitable for housing such vagrants. The Police, the Welfare Officer and myself were all concerned about this particular effort, feeling that once it became known it would undoubtedly act as a magnet to vagrants in the vicinity of Oxford and, indeed, well beyond the area. Though social service of this kind is in itself an excellent thing, it seems that the Ministry of Social Security are vitally concerned as the Department dealing with vagrancy problems. In their wisdom they decided, of recent years, not to set up in the Oxford vicinity a Reception Centre for vagrants, notwithstanding the fact that the Banbury Centre closed down and there is no Reception Centre between Newbury in the south and Leicester further north. It is not surprising, therefore, that there seems to have been an increase in the number of persons found sleeping rough in and about the City. Any organised reception will undoubtedly lead to problems of hygiene, disinfestation and disinfection and will place a greater load upon this Department in that particular connection. No doubt there will be more verminous conditions to contend with but only time will show how great the problem is likely to become.

Treatment of verminous conditions continues as before, six cases being treated; bathing being carried out at appropriate points—usually at the Church Army Hostel where occupants are concerned, or at one of the Welfare Department's Homes if required otherwise. Sterilisation of bedding and underclothing is carried out at the Slade Hospital where an autoclave is available, and the use of D.D.T. powder continues on the premises concerned with the infestation. Once again it is pleasing to refer to the decrease in verminous conditions generally and it is hoped that this will continue.

(iv) Movable Dwellings

There are only 6 caravans in the City accommodating 6 persons on 4 sites and some 69 inspections were carried out during the year. There are, of course, considerable numbers of movable dwellings occupied by workers at the various factories but these are strategically placed on land within the rural areas beyond the City boundary. Some sites are excellent examples of good planning arrangement and management.

There was discussion during the year in accordance with the Ministry's recommendations about the provision of a site near the City for gypsies and other wanderers with movable homes. By the end of the year there had been no firm decision arrived at, although a site at Sandford-on-Thames was being actively considered, despite objections from the land owners.

(v) Offensive Trades

The Marine Store Dealer in St. Ebbe's continues to collect junk and rags in quantity but redevelopment of the area will soon require at least part of his premises and so achieve a desirable change in this part of the City. There are no other active dealers handling any large quantity of this kind of material and no offensive trades in operation in the City.

It is interesting to note that during investigations in connection with the disposal of car batteries following a Ministry Circular, a very high acidity level and lead content was found in earth on the site of the Marine Store Dealer. For many years the breaking up of batteries and disposal of the acid has been carried out on land at the site. Advice was given regarding the future disposal of the material and notification was sent to a number of Departments and other interests concerned with future development of the area as a safeguard against the conditions which might affect unduly any redevelopment operations on or through the land. Further samples of the soil are to be taken early in the New Year and precautions against further contamination are now in operation.

(vi) Drainage

32 (19) complaints were received during the year regarding drainage defects and close collaboration was maintained as usual with the Drainage staff of the City Engineer's Department, who are always most helpful when called upon. There were no unusual circumstances to report.

(vii) Riding Establishments, Stables and Piggeries

Only one small Riding Establishment now exists and this is at Wolvercote, involving only two or three ponies. There are 11 Piggeries within the City, of which 6 are still on the register under The Diseases of Animals (Waste Food) Order, 1957. 74 inspections were carried out but towards the end of the year it became evident that most of the pig-keepers were ceasing the practice of swill collection and feeding other foodstuffs which do not require heat treatment. This is something of a relief because of the importance of the swill treatment in the context of the Foot and Mouth Disease outbreak in other parts of the country.

(viii) Pet Animals and Animal Boarding Establishments

10 Pet Animal premises are licensed under the provisions of the Pet Animals Act and 24 visits were made to them. Little trouble was experienced and the premises are generally well operated.

Only one Animal Boarding Establishment continues, that at White's Farm, The Slade. As mentioned last year, these premises provide reasonable accommodation for some 36 dogs and 20 cats. Considerable demand exists for this type of accommodation during the summer holiday period.

The Greyhound Track at Cowley has several sets of kennels operated in association with the Establishment. These are generally well run and, apart from odd occasions when disposal of kennel refuse caused concern, no serious complaints were received.

There has sprung up in the area a Sanctuary Society which is interested in the reception and satisfactory re-settlement of stray animals and, while it is known the Society are looking for land and premises to carry out this work, none had been secured by the end of the year.

(ix) Factories and Workplaces

Inspections of outworkers were carried out twice during the year following the usual notifications in February and August, and 52 persons mainly concerned with the making of toys, dresses and tailoring work, were registered. No complaints were received regarding circumstances under which outwork was carried on nor were any conditions found calling for special comment.

Rather more inspections of factory premises were carried out during the year—due to a slight improvement in staffing arrangements allied to the appointment of full-time Meat Inspectors. It was possible to inspect all the non-power factories in the City and a considerable number of the other premises coming within the province of the Department under the Factories Act. Such inspections are, of course, in addition to those carried out under the Offices, Shops and Railway Premises Act, which is an extra responsibility to the Department. 260 (81) inspections were carried out in connection with 375 premises on the register. The result of these inspections is set out below.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	44	Nil
Stuffed Toys	8	Nil
Textile Weaving ..	—	Nil
Jewellery	—	Nil

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13	29	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	362	124	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	63	—	—
Total	383	216	9	—

Defects found in Factories

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1.)	1	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	2	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Insufficient ..	1	—	—	—	—
(*b*) Unsuitable or defective	4	3	—	2	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework)	2	—	—	—	—
Total	10	3	—	2	—

(x) Offices, Shops and Railway Premises Act, 1963

The total number of premises on the register at the end of the year was 1,688 as against 1,655 last year and the number of general inspections carried out by staff was 265. There were 15 deletions from the register and 48 new entries. The total number of visits of all kinds made to the registered premises was 963 (1,273). There were no less than 73 accidents reported, being twice as many as during 1966, but none of them was serious. All were followed up as a matter of routine but no facts of particular significance were found, although it is interesting to consider the analysis of the types of accident. Most accidents occurred in retail shops, catering establishments and some wholesale premises. Only 3 occurred in offices and 1 in a fuel storage depot. Analysis of the accidents showed that 16% (12%) were associated with staircases, 15% (11%) with cutting or chopping activities, 14% (10%) were due to slipping on surfaces of one kind or another, while 12% (9%) were due to lifting or loading activities. Falling materials or spillage of goods caused 11% (8%) and cutting machinery was associated with 4% (3%). The remaining 28% (20%) were a miscellany of minor happenings of no serious consequence.

In so far as defects found are concerned, once more lack of thermometers headed the list with unsatisfactory conditions of floors and stairs a close second. Lack of cleanliness and faults in sanitary conveniences were also fairly evident. First-aid provisions were again found lacking in a number of cases but on the whole there were no serious contraventions discovered and the general standard of shops and offices in the City seem certainly up to average and probably somewhat better. There was no special attention given to light readings this winter, although it is still felt that there is need for general standards to be set so that occupiers can try to comply with reasonable standards, particularly in those places where poor standards seem to have been accepted for years.

(A) REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	25	638	94
Retail Shops	17	867	123
Wholesale Shops, Warehouses	1	44	14
Catering establishments open to the public, canteens	4	134	33
Fuel storage depots	—	5	1
Totals	47	1,688	265

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT—963.

(B) ANALYSIS OF CONTRAVENTIONS

Contraventions in respect of	Found
Sec. 4 Cleanliness	34
Sec. 5 Overcrowding	Nil
Sec. 6 Temperature	52
Sec. 7 Ventilation	15
Sec. 8 Lighting	8
Sec. 9 Sanitary Conveniences	27
Sec. 10 Washing facilities	24
Sec. 11 Supply of drinking water	Nil
Sec. 12 Accommodation for clothing	5

Contraventions in respect of	Found
Sec. 13 Sitting facilities	5
Sec. 14 Seats for sedentary workers	Nil
Sec. 15 Eating facilities	1
Sec. 16 Floors, passages, stairs	39
Sec. 17 Fencing of exposed parts of machinery	7
Sec. 18 Protection of young persons from dangerous machinery	Nil
Sec. 19 Training of persons working at dangerous machinery	Nil
Sec. 23 Prohibition of heavy work	Nil
Sec. 24 First Aid—general provisions	40
Total	257

(C) Exemptions—Nil.

(D) Prosecutions—Nil.

Number of complaints (or summary applications) made under section 22—Nil.

Number of interim orders granted—Nil.

(E) Inspectors

1. Number of inspectors appointed under Section 52 (1) of the Act—12.
2. Number of other staff employed for most of their time on work in connection with the Act—1.

(F) Reported Accidents

Workplace	Number reported		Total Number Investigated	Action recommended			
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Advice	No Action
Offices	—	3	3	—	—	—	3
Retail Shops	—	39	39	—	—	1	38
Wholesale Shops, Warehouses	—	12	12	—	—	2	10
Catering establishments open to public, canteens	—	18	18	—	—	4	14
Fuel storage depots	—	1	1	—	—	—	1
TOTALS	—	73	73	—	—	7	66

(xi) Pest Extermination

It was pleasing indeed to receive on the first day of the New Year a full report on the previous year's work by the Pest Control staff. The Pest Control Officer and his colleagues have performed an excellent job throughout the year, and have shown initiative in applying new techniques and treatment where appropriate. Mr. Williamson reports as follows:—

Summary of Complaints treated by Pest Control Section

	1967	1966
Rats	542	639
Mice	233	286
Wasps	537	323
Insects	227	182
Fumigation/Disinfestation ..	47	3
Fleas	31	(included with insects)
Bugs	21	(included with insects)
	1,638	1,433

It is very satisfying to note a decrease in the number of notified complaints concerning rats and mice and it is felt that some measure of this must be due to the efforts made during the year with sewer treatments. As usual the bulk of rodent infestations are of a minor nature, although several major infestations (rat and mouse) were dealt with. No real evidence of Warfarin resistance has been found and a few instances of poor "takes" proved that where we find competition of food supply to these rodents, we have to ensure that whilst treatment is in progress "no feeding of the birds" takes place and that other foodstuffs are completely removed or placed in rat-proof containers. Again, some burying of baits by doe rats has made treatment difficult in some cases but perseverance with alternatives, particularly Rati-cate or Cymag has proved we can still master the situation.

As was to be expected, following a somewhat mild winter, we had the usual high influx of wasp, ant and earwig complaints to deal with during the June—October period. From October onwards we have been dealing with Pharoahs Ants at the Radcliffe and Cowley Road Hospitals which sometimes proved very trying.

The pigeon population tends to increase and, although we carried out a successful treatment at the Randolph Hotel (94 pigeons plus 96 eggs) we find that generally treatment often provokes a public outcry and the work is made difficult. We would like to see some lead being given possibly by legislation, so that we know where the onus lies in dealing with this problem.

The City Engineer's Department carried out a survey of certain sections of the sewer system, via the medium of television, during November, but no evidence of rat activity was seen.

Following our changeover of rat bait from Pinhead oatmeal/oatflour to Wheatmeal/maize meal, we are finding excellent "takes" which is very satisfying. Our equipment is in good order and the addition during the year of the electric powder blower has resulted in more efficient treatment of ducting in the Hospitals and Schools.

Prevention of Damage by Pests Act, 1949

Report for Year ended 31st December, 1967

Properties other than Sewers	*Type of property* Non-Agricultural	Agricultural
1. Number of properties in district ..	38,742	17
2. (*a*) Total number of properties (including nearby premises) inspected following notification	1,049	—
(*b*) Number infested by		
(i) Rats	585	—
(ii) Mice	242	—
(iii) Nil found	2	—
3. (*a*) Total number of properties inspected for rats and/or mice for reasons other than notification	16,002	—
(*b*) Number infested by		
(i) Rats	45	—
(ii) Mice	9	—
Sewers—		
4. Were any sewers infested by rats during the year ?		Yes
5. Any other points of interest ?		

Rat Infested Sewers

Considerable attention was given to the sewage system throughout the year and treatments carried out as follows:—

		No. of Manholes Baited	*Flurokil Complete*	*Takes Partial*
February	St. Ebbe's and Central area	132	21	12
March	Jericho area	84	7	4
April—May	East Oxford	176	9	1
May	Marston and Headington	68	5	3
September	Summertown and Central areas	333	27	13
September	Part Marston and Part Headington.. ..	36	4	4

PEST CONTROL
TREATING A SERVICE DUCT

October/Nov.	East Oxford	76	3	4
October/Nov.	St. Ebbe's	53	10	4
October/Nov.	South Oxford.. ..	48	1	1

Total number of manholes baited—1,006.

Total number of Flurokil poison takes—87 complete, 46 partial.

The degree of infestation in the sewer system has fallen considerably during the year, the exception being the Central Area, which remains a "blackspot". Two treatments of the Central Area were carried out, but it is intended to treat 3 times in 1968 in an effort to keep on top of the situation.

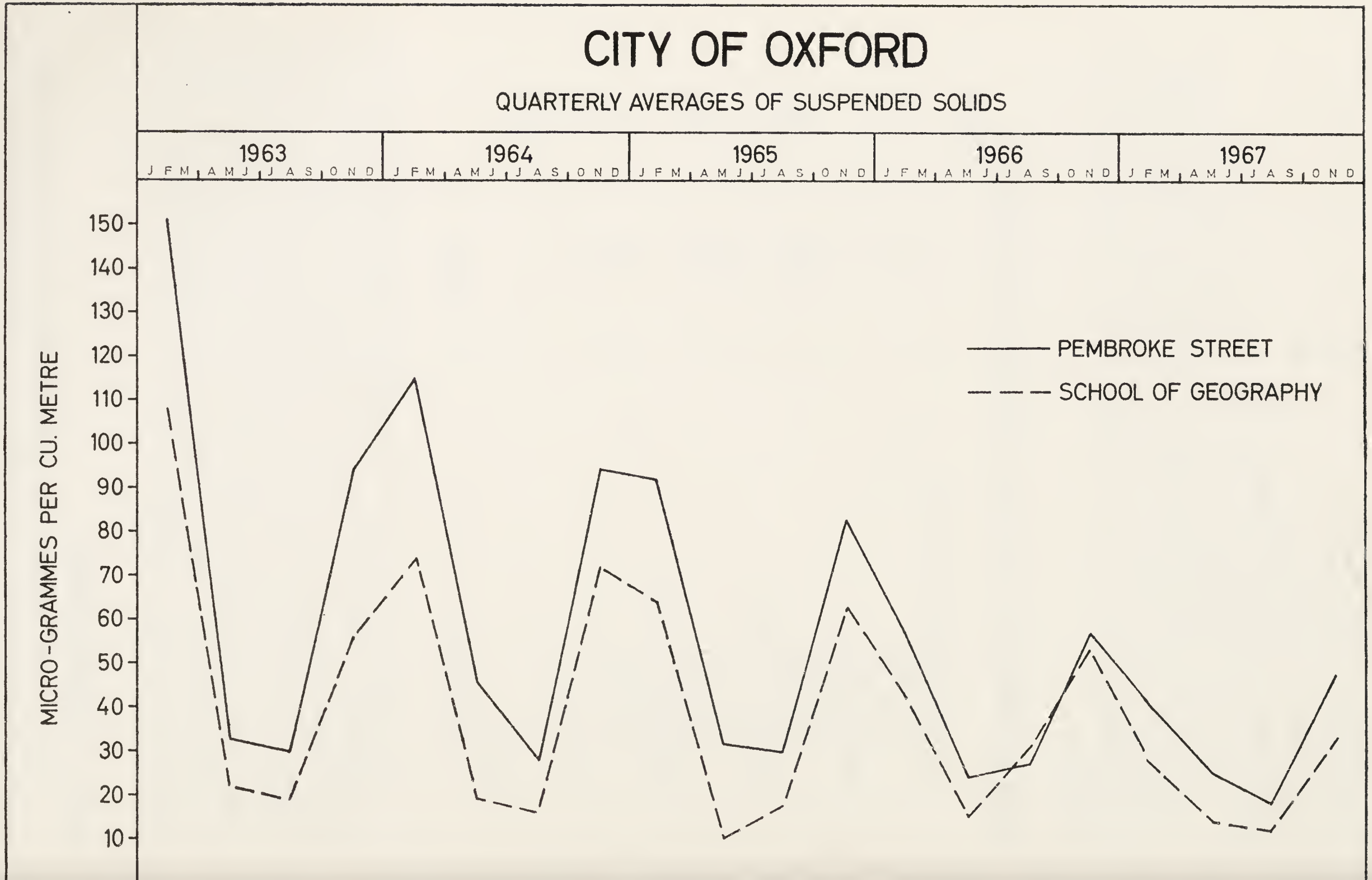
Visits by Operatives in connection with Rodent Extermination

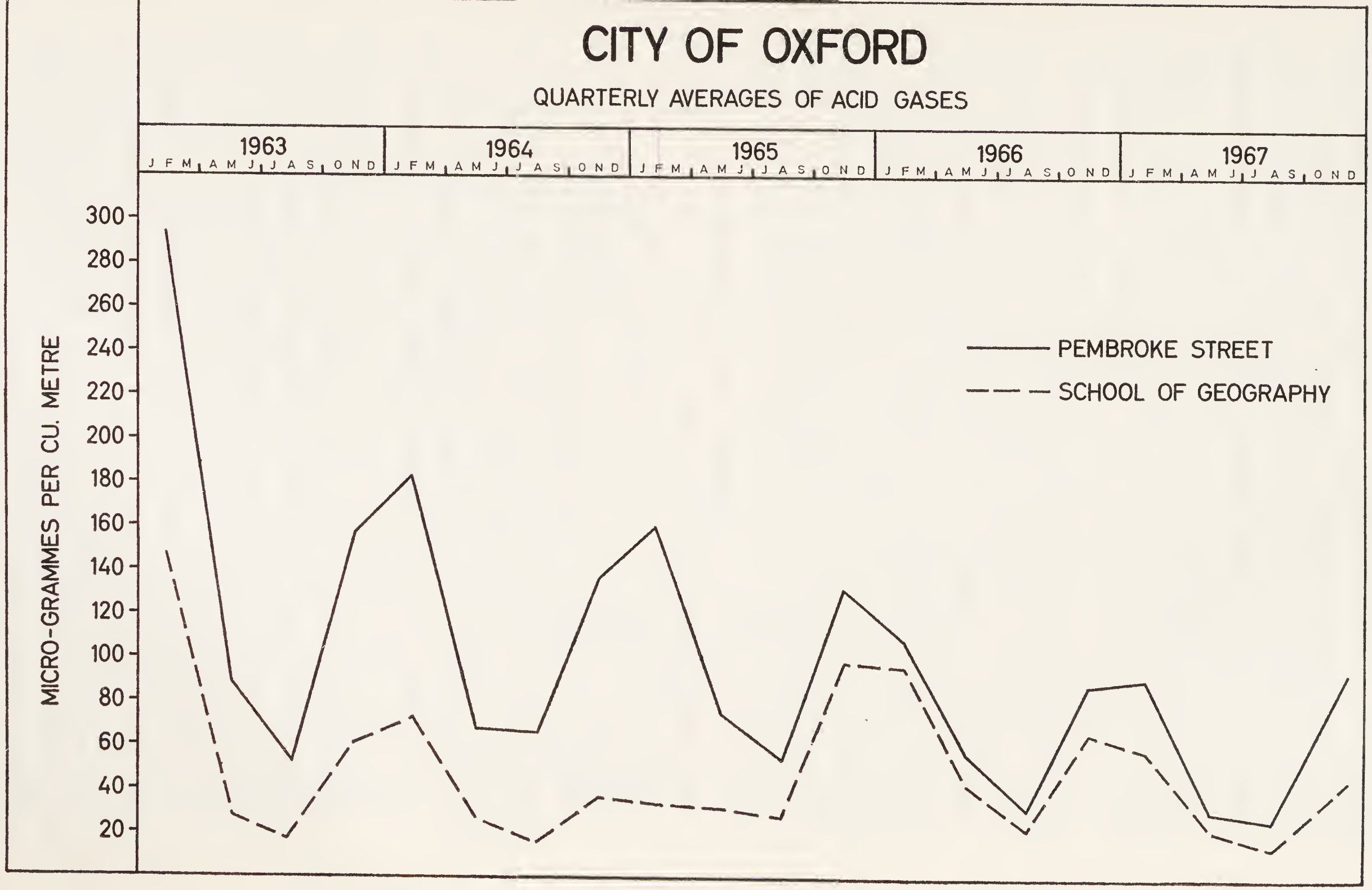
		Totals
Local Government Premises		
1st visits	19	
Re-visits	45	64
Dwellinghouses		
1st visits	542	
Re-visits	1,502	2,044
Business Premises ..		
1st visits	157	
Re-visits	421	578
University Premises		
1st visits	31	
Re-visits	83	114
		2,800
Poison		
Baits laid	8,985	

It is a pleasure once more to pay tribute to the Drainage staff of the City Engineer's Department for ready help in the sewer treatment and also to Miss Neve of the Ministry of Agriculture, Fisheries and Food Technical Department for ready advice and interest in the practical details of this work. The University Hope Department of Entomology continued their interest in pest control work and are ready at all times to give advice on identification and similar matters in connection with insects found during our activities. Thanks are expressed to Professor Varley and his staff for their ready assistance.

(xii) Air Pollution Control

Smoke Control Area No. 6 became operative on 1st December, 1967, and involved 548 dwellings within 202 acres of the Grandpont area of the City. This Area was smaller than expected earlier but was inevitable


CITY OF OXFORD
QUARTERLY AVERAGES OF SUSPENDED SOLIDS
1963
1964
1965
1966
1967
J F M A M J J A S O N D
MICRO-GRAMMES PER CU. METRE
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
PEMBROKE STREET
SCHOOL OF GEOGRAPHY


CITY OF OXFORD
QUARTERLY AVERAGES OF ACID GASES
1963
J F M A M J J A S O N D
1964
J F M A M J J A S O N D
1965
J F M A M J J A S O N D
1966
J F M A M J J A S O N D
1967
J F M A M J J A S O N D
MICRO-GRAMMES PER CU. METRE
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
PEMBROKE STREET
SCHOOL OF GEOGRAPHY

because of the financial stringencies. Further extension in 1968 will also be somewhat curtailed because of economies but it is hoped that Smoke Control progress may continue year by year so as to move as quickly as can be achieved towards the goal of a smokeless City. The new area for 1968 will reach the southern boundary of the City and thereafter it should be possible to extend into the east Oxford area and beyond year by year. There are now 1,600 acres of the City smoke controlled, only some 20% of the City area generally and very much short of what one would have liked to have achieved by this year. Nevertheless it is comforting to know that there are considerable areas of the City comparatively smokeless already wherein many approved appliances are known to be in operation. It is hoped that general progress will not be unduly hampered in coming years. The average cost of appliance conversion within the latest Area proved to be £19 10*s.* 0*d.* as against £17 in the previous Area and this was commendably low compared with costs known to be involved in many other towns and in the context of the anticipated amount of some £23. Approximately 62% of the conversions in the Area were (somewhat surprisingly) for appliances burning solid smokeless fuel, involving 40% approved open grates and 22% closed stoves. Gas fires were chosen in 46% of the cases and electric installations amounted to only 2% of the total.

In so far as chimney heights were concerned during the year 32 cases were dealt with arising from the plans submitted to the City Engineer and Planning Department and it is pleasing to record that satisfactory heights were agreed in all cases. A strict watch is kept on the use of high sulphur content fuel in the City area as considerable anxiety exists in regard to the possible effects on the internationally famous structures which abound in this University City area. While the Planning interests are anxious to keep chimney heights to an absolute minimum, this Department, as guardian of Public Health conditions, is most anxious to see that ground level concentrations of sulphur and acid gases are kept to a minimum, so involving adequate chimney heights for the fuel to be used. This conflict of interests is not always easy to deal with but a happy relationship exists between the officers of the Planning Department and this Department. It is always emphasised to industrialists and engineering consultants who approach the Department with proposals, that those anxious to use fuel in the City area of Oxford should realise the significance of the venture in relation to the pollution of the air over the City and take the necessary precautions at the outset, notwithstanding that it might cost a little more. It is unfortunate that even Ministry Departments do not seem overkeen to comply in view of additional expense and the unfortunate circumstance that permission is not required by such Departments makes the handling of such problems all the more difficult. It is hoped that the future may bring about a more satisfactory state of affairs in that particular aspect.

An interesting complaint of nuisance from sulphur fumes in one of

the University's new buildings arose during the year. Investigation showed that wind eddies set up by the high structure involved diverted flue effluent downwards towards the vent intake so enabling it to be drawn into the building by the ventilation apparatus. Modern architectural practice in designing short stacks surmounting large blocks sometimes gives rise to difficulty of this kind. Tapering flue outlets with venturi effect increases efflux velocity and, alternatively, fan installation to induce extra velocity is sometimes possible. This can prove satisfactory provided careful regard is given to the plant combustion conditions under all circumstances of operation.

No practical development took place with regard to the Coal Depot proposal north of the Oxford Station, although it is anticipated that this structure will be commenced some time during 1968. In order to secure information regarding the general level of atmospheric dust in the adjacent St. Barnabas/Jericho area, three Deposit Gauges were set up at the Highways Yard, Nelson Street, in Cardigan Street, and at the Waterways Yard in Juxon Street. The gauges were kindly loaned by the Wellingborough U.D.C. and the Department is grateful to the Chief Public Health Inspector of that Council for assistance in this respect. One of the gauges was unfortunately fouled by the customers of the local Public House and had to be moved ! Deposit samples subsequently have been undisturbed and are given as follows:—

	Tons per square mile	
	Insoluble matter	*Ash*
Highways Yard, Nelson Street ..	1.906	0.799
Cardigan Street	2.982	1.399
Waterways Yard, Juxon Street ..	2,000	0.760

It is pleasing to acknowledge the collaboration of Mr. V. Lewin, the Sewage Works Manager/Chemist of the City Engineer's Department, who is carrying out the analyses at the Sewage Works Laboratory. The levels are quite reasonable and should provide a good basis on which to work when the new Fuel Depot is in operation.

Dry Cleaning

Once again it is interesting to refer to this comparatively new problem which seems here to stay with an appreciable increase in the number of dry cleaning installations. Complaint of smell nuisance was received from a flat over a Dry Cleaner's shop and investigation showed that an exhaust from an appliance was carried vertically through a plumbing duct to roof level. Socketed joints in the pipe were not properly sealed at the time of installation and fume was emitted to the plumbing duct and thence through cracks around sink and bath waste pipes into the flat. The appropriate remedy was obvious and was carried out but the incident demonstrated how much care is needed when installing plants of this kind so as to ensure adequate precaution against nuisance from fumes which are a known health hazard.

Your Chief Public Health Inspector was privileged to give a paper on, "Some Public Health Aspects of Planning Control" at a Sessional Meeting of the Royal Society of Health, held in the Town Hall, Oxford, on 2nd June, 1967. The paper dealt with questions of planning generally within a City like Oxford with further regard to the importance of its Public Health aspects. There is room for very close collaboration between planning and health officials involved and, while there is such close collaboration in Oxford, this has demonstrated the need for careful consideration at the outset of health aspects of applications which may not in the past have been appreciated at the time. There are certain problems created by the development of industry in this City of Oxford and during the year under review there have been complaints involving noise, fumes and deposits, etc., and difficulties associated with chimney heights. Questions on waste disposal have arisen, conditions associated with the proposed modern Fuel Depot and considerable concern about housing rehabilitation and redevelopment. It is clear that such a variety of subjects may have from the outset considerable potential nuisance creation. Planned projects must therefore—at the presentation stage—be carefully examined so that all associated problems may be ironed out then to avoid subsequent complaints. The meeting and discussion confirmed the view that environmental health is extremely important and must never be forgotten in the context of general planning.

(xiii) Noise Nuisances

Noise nuisances totalled 21, the same as in the previous year, and 6 of the complaints arose from industrial processes involving the Cowley Car Industry, University Press, the Eagle Iron Foundry and other smaller sources including garages and building works sites. As a result of continued complaints involving the British Motor Corporation factory at Cowley, a modified model of a prototype silencer for paint effluent stacks at the factory was tried out and proved reasonably successful. Several were fitted by the end of the year with arrangements for others to be fitted in early course to the stacks considered most involved in nuisance creation. An alteration in the primer booth painting operations introduced a system which requires much less air and lower speed of fans and this, to some extent, has reduced noise from that particular source.

There were five instances of complaints involving Messrs. Lucy's Foundry and at the end of the year investigation was continuing in relation to noise and low pressure vibration resulting from the operation of a boiler system utilising waste heat from 2 megawatt generators established at a new section of the Works near Walton Well Bridge on the Meadow side. Efforts to deal with the waste heat proved somewhat difficult as the effluent from only one generator could be passed through the boiler plant at one time. When the second generator was in operation also that effluent had to be passed direct to atmosphere. This tended to provoke complaints, notwithstanding that the Decibel readings on the

Sound Level Meter did not seem excessive. A further complication arose from alleged noise from the heating of the boiler at night, particularly when temperatures fell. Investigation had not been completed at the end of the year in this context but arrangements were in hand for special night visits and recordings. The Works Engineer collaborated very closely with the Department in attempts to satisfy the needs of residents who were complaining but the problem remained unresolved at the end of 1967. It is hoped that early attempts will be made to reach a satisfactory conclusion to this tiresome matter as early as possible in the New Year.

There were also five domestic complaints involving neighbours' noises and one regarding pigeons. All were dealt with during the year. There were two regarding noises from vehicles garaged near dwellinghouses. Two also related to diesel engine noise at the Oxford Railway Station, residents' houses alongside the Station being affected by early morning noise from diesel engines. The matter had been dealt with and a considerable improvement secured by the end of the year. There was also a noise nuisance involved in the old Coal Depot which will be replaced during the coming year with a modern plant just north of the Station.

There was an interesting complaint in respect of a very large Southern Electricity Board Sub-Station which was erected just beyond the City boundary near the Blackbird Leys Estate. The Senior Public Health Inspector of the Bullingdon Rural District Couucil was contacted and together we visited the Sub-Station and discussed the complaint with the Engineer. It seemed that new connections were being made to this Sub-Station (which is a very important one in the area) and switch gear being installed had to be tested. Current reduction involved from 400,000 volts down to 33,000 and switching over produced a loud noise akin to that of heavy gun fire. Arrangements were made for careful staggering of the testing periods with warnings by a klaxon horn and a careful avoidance of night noise during the operations. It is expected that during the coming year special silencers will have been constructed and fitted so as to completely abate the nuisance. There is no doubt that the public are now very sensitive to noise nuisances and the Department can expect complaints from time to time involving vibration activities of all kinds and which give rise to noises.

Happily there were no further complaints regarding dog noises and there has been no further reference to the matter of the local dog nuisance mentioned last year. The Noise Level Meter was again loaned out to colleagues who were able to use it on occasions and some thought was being given to the possibility of securing an Octave Band Analyser for special use when necessary. It was pleasing towards the end of the year to be able to arrange, with the co-operation of the Principal at the Oxford College of Technology at Headington, a Course on Noise Measurement and Control. Mr. Powell, M.Sc., B.Sc., formerly at the Acoustics Department of Southampton University, has now taken up an official lectureship at the College and, being a graduate in noise control, is well qualified to

deal with this subject. At the beginning of 1968 it was known that over 100 persons had expressed their desire to attend an 8 weeks' Course to be run at the School of Engineering.

(xiv) Radiation Hazards

37 premises are now on the register under Section I of the Radioactive Substances Act, 1960, an increase of 4 on the previous year. Registration relates to the storage and use of radioactive material and Section 26, relating to the disposal of radioactive material, required the registration of 29 premises, an increase of 2. There was nothing like the maxima authorised in the Certificates achieved in any case and the Radiation Protection Officer, Mr. R. Oliver, M.A., M.Sc., continued to supervise the general arrangements. Again it must be underlined that care must be taken and constant vigilance maintained to ensure that no conditions arise calling for emergency action. The Chief Constable continues to supervise the emergency arrangements which have now been very carefully compiled in book form and issued to those officers responsible for the various circumstances which might arise.

(xv) Swimming Baths and Bathing Facilities

The list of school pools and river bathing places remains substantially the same, except that a new pool was installed at the Wood Farm School in July, while St. Andrew's C. of E. School was successful in having a pool installed for junior scholars. Instructional pools are very popular and continue to be most valuable in the teaching of swimming and water activities generally. There is no doubt about their value and to see the masses of bathers at the various swimming pools during the summer is to realise to some extent the great popularity of swimming in this City. 36 samples were taken from the various pools, including some from the two baths at the Nuffield Orthopaedic Hospital. The staff of the Water Engineer continued to take samples from the Temple Cowley and the Hinksey pools and it is pleasing to record the general satisfactory coverage of the conditions in the pools following our instructions to those responsible for oversight last year. Bacterial contamination was comparatively light in all cases. School pools—Wood Farm (2); New Marston; Headington Girls'; Milham Ford; Cutteslowe; Summerfield; Oxford High School for Girls; Rose Hill; St. James' C. of E., Beauchamp Lane; Blackbird Leys; Bartholomew Road, Church Cowley; Bishop Kirk C. of E.; S Mary and St. John, Hertford Street; St. Edward's (2); Wolvercote; St. Andrew's C. of E. River Bathing Places—St. Clement's; Long Bridges; Tumbling Bay; Wolvercote; Dames' Delight; Parsons' Pleasure.

(The Dragon School and others use the River Cherwell for school bathing).

Public Bathing Places—Temple Cowley covered swimming pool; Hinksey Pools (open air).

(xvi) Water Supply

The report of the Engineer to the Oxfordshire and District Water Board, Mr. G. W. Fuller, B.Sc., M.I.C.E., A.M.I.W.E., is given herewith.

The responsibility for the supply of water to Oxford was transferred to the Oxfordshire and District Water Board as from 1st April, 1967. Prior to that date the Corporation was the responsible Water Undertaking.

During the year the supply to consumers was adequate and no restrictions had to be imposed.

On 5th June the new Farmoor Source Works and Impounding Reservoir were commissioned and first supplied water for public use.

The total quantity of water treated at the Swinford and Farmoor Source Works, which supply the Oxford City system, during 1967 was 3,619,347,000 gallons, an increase of 123,581,000 gallons over the quantity treated in 1966.

After deducting meter supplies the average consumption per head per day was 26.6 gallons.

The quality of the water was satisfactory.

Bacteriological Examinations

Samples of water from the River Thames were taken each month together with samples after settlement, after filtration, and of the final water leaving the Works. Samples have also been taken of the quality of water held in Farmoor Reservoir,

Examination of these samples by the Public Health Laboratory gave the following range of probable number of coliform bacilli (2 days at 37°C) per 100 ml.

River Water Samples	..	25 to 90,000
Settled Water Samples	..	0 to 0
Filtered Water Samples	..	0 to 1
Final Water Samples	..	0 to 0

Bacteriological samples were taken at least weekly from each of the various service reservoirs and from consumers' taps throughout the area of supply with the following results.

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number of samples taken
		Satisfactory	Unsatisfactory	
				%
Beacon Hill Reservoir	52	52	—	100.0
Headington ,,	51	50	1	98.0
Shotover ,,	52	48	4	92.3
Boars Hill ,,	53	50	3	94.3
Brasenose ,,	52	52	—	100.0
Wootton ,,	49	46	3	93.7
Consumers' Taps	169	165	4	97.6
Totals ..	478	463	15	96.8

Except for three of the unsatisfactory samples the organisms causing them were of non-faecal type.

Chemical Analyses

	Raw Thames Water		Filtered Water	
	Maximum	Minimum	Maximum	Minimum
Physical Characteristics—				
Turbidity: Units	12	3	.5	.1
Colour (Burgess Scale)	Opaque	12	15	2
pH	8.3	7.3	7.8	7.2
Electrical conductivity at 20°C	624	474	621	482
Chemical Characteristics—				
Total Solids dried at 180°C ..	440	349	433	335
Chlorides as Cl	38	24	39	28
Nitrite Nitrogen	Trace	Nil	Nil	Nil
Nitrate Nitrogen	8.5	4.7	7.2	4.46
Ammoniacal Nitrogen	.48	.06	.39	Trace
Albuminoid Nitrogen	.32	.14	.21	.10
Oxygen absorbed: 4 hrs. at 27°C	2.9	.91	1.67	.43
Alkalinity as $CaCO_3$	245	192	232	167
Hardness as $CaCO_3$				
Carbonate	245	189	232	167
Non-Carbonate	85	60	111	70
Total	330	264	320	260
Free Carbon dioxide as CO_2 ..	9.0	nil	27	5.5
Residual Chlorine	—	—	.25	.02
Metals	nil	nil	nil	nil
Phosphate as PO_4	6.5	2.0	.73	nil
Silica as SiO_2	28	7.2	10.2	1.5
Detergent as Manoxol O.T. ..	—	—	.06	nil
Fluoride	.12	nil	.11	nil

The number of dwelling houses in the City is 31,139 all of which are directly supplied.

In addition there are six caravans supplied by standpipes.

The total population of the City is 109,350 of which it is estimated there are 13 persons living in caravans.

(xvii) Sewerage and Sewage Disposal

The Sewage Works plant continues to work under difficult conditions, being considerably overloaded, but the £1 million extension agreed to previously is now under construction and the new final settling tanks will be commissioned in January, 1968. The remainder of the Works will gradually come into operation within the next twelve months. With the increasing water demand now running at 26 gallons per head per day, and the rise in B.O.D., the need for the extension works has become quite urgent. The effluent to the River Thames should satisfy the demands of the Thames Conservancy and meet the recommendations of the Ministry. No less than 8 million gallons of liquid sludge are being disposed of to farms within a 9 miles radius; it is a valuable fertiliser for grassland and quite popular. An articulated tanker is now utilised for winter loads and disposes of some 2,500 gallons for rye grass cultivation to air fields in the vicinity. The vacuum filter at the Works copes with the primary sludge over a period of 8 hours a day, 18 tons of dried sludge being disposed of per day. There is only a slow demand for it from outside interests, 10% being disposed of beyond the Sewage Works farm area. Agricultural work on the Sewage Works farm now extends over 200 acres and will reach over 450 in due course.

Thanks are expressed to the City Engineer and Mr. Lewin and his staff for their considerable help throughout the year. The Laboratory staff are carrying out analyses of deposit samples taken in the Jericho area which may be of value when the new Coal Depot comes into operation north of the Oxford Station. They also assisted in the analysis of soil samples from the Marine Store Dealer's depot in St. Ebbe's which demonstrated a somewhat high concentration of acid in land which is required for redevelopment.

(B) HOUSING CONDITIONS

Housing activity during the year centred mainly on a rehabilitation programme for the St. Barnabas (Jericho) area north-west of the City centre and on problems associated with multi-occupation of dwellings in the City. Participation by our Senior Housing Inspector, Mr. R. Crossley, in the National Housing Survey, organised by the Ministry of Housing and Local Government in an endeavour to secure some picture of the unfit housing circumstances throughout the country, was also noteworthy. Despite a considerable amount of work involving time, trouble and tribulation for all concerned, very little progress was achieved in connection with the rehabilitation programme.

Completion of inspections in a number of blocks of property and the presentation of Clearance Areas to Housing Committee resulted in little more than active consideration at Committee level and only limited progress in the field. A Compulsory Purchase Order involving two small areas

was confirmed by the Ministry after enquiry, while one Clearance Order involving property near the Children's Playground in Jericho was confirmed without amendment. Subsequent to the declaration of another Clearance Area considerable opposition was forthcoming from a number of Councillors as well as residents, mainly on questions relating to the valuation of unfit property. Rehabilitation of the area as a process was also questioned in view of the number of unfit houses subsequently found on detailed inspection. Some 40% were placed in the unfitness category. Rehabilitation had been chosen as a middle course between either doing nothing at all for some years or carrying out a complete redevelopment under Planning powers at high cost over a lengthy period. The scheme was intended to remove unfit property felt beyond reasonable repair and improvement and to replace, where possible, by modern terrace properties infilled on a planned basis worked out by the City Architect. Stimulation of repair and improvement work of other houses was suggested with a minimum period of years fixed for the property, while the City Engineer arranged to produce plans for improving street lines, corners and traffic arrangements with such amenities in streets as would improve the neighbourhood in general. The plan was based on the existing street lines and it was hoped that the whole scheme would benefit the area by prompting local pride in the improved district. The road proposals led to considerable criticism because of a loop road proposed to take most of the traffic and which would result, so it was argued, in a division of the area. Rehabilitation proposals generally, however, seemed to be foundering on questions of valuation of unfit property. These, of course, are based on market values assessed by, or on behalf of, the District Valuer. It soon became clear that there was considerable difference in the amounts likely to be paid for a house reported as unfit when compared with one not so classified and yet in the same street or district. This led to considerable concern throughout the area, although no practical steps to repair unfit houses in order to save them from clearance was attempted. There was also some criticism of unsatisfactory public relations, although the Town Clerk took steps to streamline all such communications with the help of a working party of officers.

Delays and frustrations were apparent and the local press, after criticism of the Council decisions, drew attention to a method used by the City of Bristol whereby it was said unsatisfactory valuation payments were apparently avoided. Visits were made to Bristol by officers and members of the Housing Committee. The whole matter of treatment of an area and payments for unfit property were examined with a conclusion that the Bristol arrangements seemed inappropriate to the Oxford scene. That there might be room for improvement in the Housing Act arrangements for valuation of properties may well be the case but as the law stands the Housing Committee was acting quite properly through its officers. By the end of the year there was a complete hold-up, although cleared sites already earmarked in the Cranham Terrace area were about to be re-

developed with housing units. The original idea of utilising this land for decanting displaced Jericho population from other cleared sites seemed to be in some doubt. The fact that approaching 40% of houses so far inspected were classified unfit, proved much higher than our original estimate, and caused difficulties in arrangements for possible rehousing on or within the area, and the timing of housing action with rehousing arrangements also posed problems. It was hoped that in the coming year some positive steps might be taken to deal with at least one block of property on rehabilitation lines so as to stimulate further interest in the whole area scheme. It was interesting to note in any case that there was some interest by two private developers in carrying out rehabilitation work on their property and it is hoped that these schemes might give further impetus to district improvement when planning permission has been granted and the work starts. There seems little doubt that there exists nationally a considerable concern about compensation for unfit properties, particularly when coupled with owner-occupation, as many owner-occupiers are elderly, retired, or other persons with limited financial resources and unable to maintain and improve properly their houses and yet they can ill-afford to lose their homes. Money must be forthcoming if housing improvements or housing maintenance repairs are to be carried out to any great extent. Money must be found either from private or public resources and prevalent economic conditions make it all the more important that everything possible should be done to make the best of the existing stock of houses in reasonable condition as will give a decent standard of accommodation for a number of years. Modern redevelopment of areas and provision of new houses, although desirable projects, must be considered in the light of the old tailoring adage, "the suit must be cut according to the cloth available".

43 visits were made to 24 cases of overcrowding reported during the year. All were associated with multi-occupation. Our new standards for houses in multiple occupation set out permitted numbers on the basis that every person, irrespective of age, counts as a unit. The Housing Act standard sets out that children under one do not count, while those between one and ten years of age count as only half units. The overcrowding cases were not resolved during the year. Direction Notices will probably be necessary in some cases in order to secure improvement in conditions. Earlier in the year attempts were made to tackle the difficult problem of multi-occupation in association with the Fire Prevention Officer of the City Fire Services Department. Enforcement powers were made the responsibility of the Housing Committee in association with the Fire Services Committee which is responsible for Section 16 requirements as to fire prevention. Accordingly dual visits were made, as staffing time allowed, with a member of the Fire Services Department. Some 609 visits were made involving 156 houses. Visits were made to those which were known to the Department as being in multiple occupation and already on record. Some of them were found to be no longer in multi-occupation,

no less than 51 having reverted to single family occupation since the last inspection. At the end of the year there were 186 houses on the records and active attention was being given as to management, lack of amenities and improvements of escape, in case of fire, overcrowding (where appropriate) and provision of rent books, etc. 90 informal notices were served requiring works of repair or improvement or both and including improved fire precaution measures. Close collaboration was maintained between the housing inspectorate and the Fire Prevention Officers but it became apparent that little would be achieved by informal means in view of the lack of interest by owners and landlords. University lodgings as a class of multi-occupations have not so far been inspected to any great degree and the University Delegacy of Lodgings advises that there are probably some 2,000 houses in and around the City used for student lodgings. It is estimated that there will probably be another 1,500 in other multiple-occupation, bringing the total to the region of 3,500. Further thought is to be given to this matter in the coming year while inspections will continue as far as staffing permits and such action taken as is deemed appropriate.

It was pleasing to support the Ministry by releasing Mr. R. Crossley, our Senior Housing Inspector, for approximately six weeks to assist in the National Housing Survey. This involved some 6,000 houses selected at random throughout the country to check on houses in the areas of some 262 Local Authorities so that a broad estimate could be made of the problem of unfitness as set out in Section 4 of the Housing Act, 1957. The houses included Council as well as private property and fit as well as unfit houses. Unfitness was found more prevalent and widespread than expected, there being twice as many unfit houses as previously estimated. Under the provisions of Section 4 standard nearly 2 million houses were found unfit with 1.1 million considered likely to be suitable for clearance area action. Whether the report will bring about some change in housing legislation in early course is open to question but the Minister may take steps to clarify the position for those Local Authorities to clear up remnants of unfit property and proceed thereafter to deal with what might be termed "twilight" properties which abound in every Local Authority area.

Improvement Grants are not being as attractive as hoped for and, unless taken up in more lively fashion, there will be considerable deterioration of housing standards throughout the country in the years to come. Many thousands of houses are reasonably capable of repair, improvement and modernisation, thereby assuring longer life. Everything should be done to stimulate this. More attractive schemes should be worked out involving easier financial help for those who cannot afford immediate outgo of cash and are fearful of the effects of long term loans. The bogy of finance certainly seems the obstacle in connection with property improvement and too much time should not elapse for allowing the "twilight" to continue, otherwise twilight conditions will develop into the darker

more dismal circumstances of slum conditions. The City Engineer, who is responsible for the Improvement Grant provisions of the Housing Act in the City, has kindly supplied the following figures relating to Improvement work carried out during the year.

Standard Grants

20 (23) applications were received in respect of tenanted houses and 56 (52) from owner-occupied houses, the total being 76 as against 75.

The number of applications approved during the year was 69 (71).

No applications were refused and the actual number of dwellings improved totalled 64 (70).

Amenities provided included 54 baths, 58 hand wash basins, 63 hot water systems, 55 internal WC's and 37 ventilated food stores.

The total cost of Standard Grants amounted to £7,691 (£7,912) a slight reduction on the previous year and certainly below the figure of 1965.

Discretionary Grants

7 (32) applications were received in respect of tenanted houses and 34 (49) in respect of owner-occupied houses, the total being 43 (67).

Applications approved totalled 32 (52). Applications refused 2 (4). The number of dwellings actually improved during the year was 46 (60). Total cost for Discretionary Grants amounted to £12,027 (£17,524). The totals are slightly lower than 1966 and considerably below those of 1965.

Activity was noticeable towards the end of the year in the St. Ebbe's redevelopment area, for projects were commenced in the first phase. The road linking St. Aldate's to the Oxpens was almost completed and some further interesting developments including Magistrates' Courts, etc., may be seen in the area during the next two or three years. Land Charge enquiries rose from 1,540 last year to 1,815, showing that interest in properties offered for sale has been maintained. 202 (171) surveys were made of houses subject to mortgage applications to the City Council, reports being submitted to the Finance Committee by the City Treasurer in this connection.

General housing action resulted in the making of 4 Clearance Areas in the Jericho region involving 35 houses, there being 91 persons in occupation. One Compulsory Purchase Order was made involving Clearance Orders Nos. 1 and 2 and a Clearance Order was made in respect of Clearance Area No. 3. Both these Orders were confirmed by the Ministry but, because of opposition in Council, no positive progress was made and No. 4 Area lapsed because of inaction over the statutory period by the Housing Committee. 17 Certificates of Unfitness in respect of houses owned by the City Council were made during the year and Closing Orders in respect of 18 houses or parts of houses. 5 Closing Orders were revoked, as were 2 Undertakings. One Statutory Notice was authorised under Section 9

of the Housing Act leading to default action by the City Council. One prosecution was authorised regarding occupation of a closed property and one in connection with the non-supply of rent books.

Form P.13 (Housing) as submitted to the Ministry of Housing and Local Government covering houses in Clearance Areas and unfit houses elsewhere for the year 1967.

Houses demolished—	
in Clearance Areas	7
under Sections 16/17, Housing Act, 1957	1
in connection with Certificates of Unfitness (Local Authority houses)	53
Houses closed under 1957/61 Housing Act powers	19
Parts of houses closed—Section 18 of the Housing Act, 1957 ..	4
Displaced persons and families (37 families involving 102 persons)	
Houses made fit (informal action)	17
Houses made fit by formal action	3
Houses subject to Closing Orders made fit and determined thereafter	5
Repairs under Public Health Act or other Acts formal notices	1

Repairs and Improvements carried out, 1967

Items	Dwelling Houses	Food Premises	O.S.R.P. Act. 1963	Other Premises	Total
Accumulations Removed ...	1	17	—	—	18
Animal Nuisances Abated ...	—	—	—	—	—
Cooking accommodation ...	—	—	—	—	—
Dampness Remedied ...	22	—	1	—	23
Dustbins	1	4	—	—	5
Drains tested	—	—	—	—	—
Drains/Waste pipes Cleared	11	7	—	2	20
Drains/Waste pipes, etc., repaired	6	2	—	—	8
Doors/Windows Repaired ...	12	20	—	—	32
Ditches/Streams Cleansed ...	—	—	—	—	—
Floors Repaired/Renewed	10	42	48	—	100
Food Cupboards	—	—	—	—	—
Gutters, Spouting	11	—	—	1	12
Hot Water Supply	—	7	38	—	45
Lighting improved	—	3	13	1	17
Manure Pits Emptied/Rep./Improved	—	—	—	—	—
Piggeries Cleansed/Repaired	—	—	—	—	—
Roofs Repaired/Renewed ...	16	1	—	—	17
Rooms Cleansed/Redecorated	3	78	33	3	117
San. Accom. Prov./Rep. ...	6	7	15	—	28
San. Accom. Cleansed and Redecorated	1	16	—	—	17
Sinks/Wash Basins Rep./Prov.	—	35	7	—	42
Sites Cleared	—	—	—	—	—
Smoke Nuisances (Industrial)	—	—	—	—	—
Smoke Nuisances (Clean Air zone)	—	—	—	—	—
Stables Cleansed	—	—	—	—	—
Ventilation Improved ...	1	7	22	—	30
Walls and Chimneys (External)	18	—	—	—	18
Walls and Ceilings (Internal)	24	22	—	—	46
Water Supply Prov./Reinstated	—	—	—	—	—
Water Heaters Provided ...	—	1	—	—	1
Water Supply Installed ...	—	—	—	—	—
Yards Repaired, etc. ...	—	1	—	—	1
Other Nuisances	3	182	210	—	395
Totals	146	452	387	7	992

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

180 (174) distributors are noted on the register, showing an increase of 6 (33) over the figures for the previous year. There are again 41 self-service machines providing milk in cartons on sites authorised throughout the City. It is disappointing to report that 40 samples from these machines failed the Methylene Blue Test during the year and it is quite obvious that carelessness in stock rotation is the principal cause of the failures. It can be said in general that much more care is needed in the operation of

automatic and self-service machines providing milk and other drinks such as coffee, tea, etc., if satisfactory conditions are to be maintained. There is too much inattention to details of cleanliness and sterilisation routine and much greater need for more precise steps in connection with maintenance of good hygienic conditions inside the machine. There were 48 (13) Methylene Blue Test failures in all out of 867 samples tested, there being 1 from a retail shop, 6 from schools, 1 from a roundsman's vehicle and 40 from vending machines. 177 (35) samples of milk were submitted for antibiotic examination and only 3 proved unsatisfactory. Follow-up samples were taken in each case after warnings to the producers concerned and all resampling proved satisfactory. 176 samples of milk were Gerber tested by staff and all proved satisfactory. 110 were ordinary pasteurised milk and 66 of Channel Island quality. The 66 samples of Channel Island milk averaged 4.48% (4.54%) butter fat with non-fatty solids at 8.81% (8.94%). The 110 samples of ordinary pasteurised milk gave averages of 3.69% (3.65%) fat content, with non-fatty solids at 8.58% (8.6%). These results, of course, are very satisfactory when compared with the official standards which are, for Channel Island milk 4% fat and 8.5% non-fatty solids and for ordinary pasteurised milk 3% butter fat with 8.5% non-fatty solids.

There was a slight increase in the number of general stores selling pre-packed milk, being 146 as against 140. There is a small amount of sterilised milk still available. No untreated fresh milk is sold within the City and this is a relief because of the danger of brucellosis unfortunately allied to the drinking of raw milk. 28 (36) school milk samples were taken from supplies to the schools and only 2 failed the keeping quality test. 427 (373) samples of ordinary pasteurised milk were submitted for the phosphatase test with only 1 failure. Enquiry failed to find the reason for it. 13 (19) samples of sterilised milk were submitted for the Turbidity Test and all proved satisfactory. It should also be noted that of the 427 samples of heat treated milk submitted for keeping quality, 17 were voided because of unsatisfactory laboratory temperature. There was no biological testing of milk undertaken during the year.

Milk Sampling Results

	Samples tested	Satisfactory	Failed	Void
Raw Milk (*Methylene Blue Test*) ..	—	—	—	—
Heat Treated Milk (*Methylene Blue Test*)				
Pasteurised	427	363	47	17
Heat Treated Milk (*Phosphatase Test*)				
Pasteurised	427	426	1	—
Heat Tested Milk (*Turbidity Test*)				
Sterilised	13	13	—	—
Total	867	802	48	17

Ice Cream

100 (88) samples of ice cream were examined during the year and 81 (82) were in order. Faults in hygienic service were the main reasons for the 19 (6) unsatisfactory samples. Insofar as quality analysis was concerned, 7 samples—the same as last year—showed slightly higher fat content at 10.6% (8.5%) with sugar at 19.35% (18.73%), the total solids being 36.13% (37.87%). The lowest fat content in the samples taken showed 5.5%as against 6.1% the previous year, although a satisfactory result as the legal minimum still remains at 5%. 20 (23) ice lollies were sampled and all passed the test. There were 2 unsatisfactory samples out of 19 taken from retailers' vehicles and 17 of the 81 taken from retailers' shops. Only 3 samples were returned as Grade 4 (the lowest grade) with 16 in Grade 3. While one can be dissatisfied with the rather higher number of unsatisfactory samples, the odd sample showing a lower grade does not prove anything very seriously wrong with the standard of ice cream as sold today. In general we can be very satisfied with the quality of this highly popular confection.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

Constant vigil was maintained over food premises in the City, despite difficulties as staff remained short throughout the year. Nevertheless 3,448 as against 4,927 inspections under the Food Hygiene Regulations were carried out. It is perhaps pertinent at this point to remark that, despite generally good conditions throughout the majority of food premises inspected, there was at times evident, a slackness in general supervision of catering staff, particularly where inspections by Public Health Inspectors were not frequent enough. It seems clear that constant pressure must be kept up in this particular field of our work to ensure adequate care by those actively concerned with the preparation, storage and handling of food in premises throughout the City. As said last year, there is particular evidence that the larger firms are most anxious to maintain good hygienic conditions and do their best, although perhaps occasionally "let down" by members of staff who are not always adequately taught the basis of good hygienic handling and preparation of food. One or two enquiries were received during the year with regard to tuition in clean food methods, but little effort was made to present to their staffs the opportunities afforded by the Department for talks on hygiene and the importance of food care. Indeed, staff are not particularly interested in tuition and constant changes of personnel do not lend themselves to settled conditions and a growing experience in particular premises which should ensure higher standards of hygienic attainment. Immigrant labour still appears to be doing a reasonable job in the catering trade once they are established in general routine work. There were no major outbreaks of

food poisoning or infections during the year. Good liaison continues with the Catering trade generally and with Domestic Bursars of Colleges, while hospital staffs are also always anxious to co-operate.

(b) Inspection of Food Hawkers' Vehicles (Oxford Corporation Act, 1953)

Licensing of hawkers of food continues under the provisions of this Act, there being 118 (106) licensed by the end of the year, while 20 (21) stall holders continue to operate food businesses at the Oxpens Open Market on Wednesday each week. 1,065 (220) inspections of vehicles and stalls generally were carried out during the year—a considerable rise on the number usually possible but necessary because of the Vehicles and Stalls Hygiene Regulations which are now in operation additional to the Food Hygiene (General) Regulations. There is considerable work required in connection with the provision of facilities for hygienic care of food on stalls and vehicles and it is hoped that the City Council will be able to secure improvement in the general standard throughout both Open and Covered Markets in the not too distant future. The Markets are places where good standards need emphasising in view of their considerable importance in public relations to the City shopping public. Pressure has been exerted on a number of vehicle owners to install hand washing facilities and, where appropriate, equipment sinks with the necessary fitting of hot and cold water and drainage tanks. Demands are being complied with reasonably well and there seems no reason why all vehicles operating throughout the City should not soon be in conformity with the new Regulations.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	9	96
Butchers	92	561
Cake Shops	25	110
Confectioners	148	12
Dairies and Milk Depots	6	28
Fishmongers and Poulterers	20	223
Preparation and Service of Food	225	962
Fruiterers and Greengrocers	89	610
Grocers	241	814
Ice Cream Manufacturers	2	13
Miscellaneous (including Ice Cream Retailers)	—	1,846
Market Stalls, Hawkers, etc.	174	1,065
St. Giles' Fair Food Stalls	47	1,369
Visits *re* sampling	—	842
Public Houses and Social Clubs	134	201

(c) Hygiene, Education and Publicity

17 lectures were given by the Chief Inspector, 9 by the Deputy and 6 by the Senior Inspector who specialises in food premises inspection and food hygiene methods. There were 10 sets of visits arranged for groups

THE UBIQUITOUS "HOT DOG" SERVICE

of students who attended the office for the purpose. Our growing number of colour photographs and illustrations, food and other specimens and exhibits continued to add considerable interest to our talks on hygiene control. These were given to medical students, trainee nurses, district nurses, domestic science students, food staffs, and Technical College students. Contact with the Catering Department at the Headington College of Technology was maintained and the Oxford Consumer Group continued their interest in the work we are doing throughout the City.

(d) Hospital and College Hygiene

359 visits were made to Colleges during the year and 208 to hospital premises. Regular visits to Colleges and hospital kitchens and food rooms are proving worthwhile and good relations have been established with staffs. Particular attention has been given to hygiene of kitchens and refuse storage accommodation, laundries, etc. Considerable attention is given to plans involving kitchens and food preparation and advice on layouts and hygienic arrangement is freely discussed with Architects and Planners. The Pest Officer and his staff have done an excellent job during the year and have taken a keen interest in protecting premises against constant dangers of infestations. The Cleansing Department continue to help us to keep premises free from excessive quantities of unwanted refuse and it is a pleasure to pay tribute to their constant collaboration.

(iii) Meat Inspection

The two Slaughterhouses, one at Botley Road controlled by the Oxford and District Co-operative Society Limited, and the Eastwyke Farm premises of the old established family firm of R. R. Alden and Son, continued to be licensed. Reasonable hours of slaughter, as agreed, operated throughout the year with no weekend slaughter or late evening activity and little in the way of emergency calls. Both firms had some difficulties during the year and certain requirements were made in connection with hygienic conditions (particularly at Eastwyke Farm where there still remains outstanding work required to attain up to date conditions for producing meat in really hygienic fashion).

With the continued shortage of Public Health Inspectors in the Department, attention became focussed on meat inspection, particularly as so much time is now required to meet the demands of the Meat Regulations. Continuous inspection throughout slaughtering activity is unavoidable to meet official standards and it was therefore decided to recommend the appointment of two full-time Technical Assistant posts for meat inspection in the form of Authorised Meat Inspectors. Two Authorised Inspectors were subsequently appointed and took up their duties during the year. Both were most enthusiastic in their approach to the job, and despite difficulties, settled in very well and established a routine of constant attention to regular hygienic slaughtering techniques. This interest (although unpopular with some slaughtering staff) proved most timely

for, while new brooms do tend to sweep clean, it could not be denied that such were necessary at the Slaughterhouses. The result has been a marked improvement in the day to day conditions with particular emphasis on attention to detail both in the handling of live animals and ante-mortem inspection as a routine measure as well as in the handling of carcase meat with stamping after inspection and greater care in its storage and transport.

There was a decrease in the amount of overtime needed during the year and, as meat inspection during working hours up to 6.00 p.m. is not charged for, the amount of overtime charges were also less. Hours decreased at the Eastwyke Slaughterhouse from $253\frac{1}{4}$ to 194, overtime charges reducing from £53 3*s*. 7*d*. to £43 12*s*. 3*d*. At the Co-operative Society premises there was a charge of only £5 12*s*. 6*d*. for overtime as against £7 7*s*. 6*d*. the previous year. Charges for slaughtering became inevitable because of the special appointments made and by the end of the year there was general agreement from both firms concerned and the butchery fraternity for charges to be implemented at 75% of the normal maxima laid down in the Regulations. This was agreed by all concerned as a compromise and will operate from 1st April, 1968. The Meat Inspectors are appointed on the same basic hours of employment as Departmental staff generally, and therefore certain overtime hours will be unavoidable in view of the agreement with the firms to start at 7.30 a.m. each morning and continue to 7.30 p.m. on one day per week (Mondays) and to 6.00 p.m. otherwise (Tuesdays to Fridays). The hours are acceptable generally and certainly remove anxiety in so far as any later hour on weekend slaughtering is concerned. By the end of the year things were running smoothly and it was hoped that outstanding works of structural improvement at Eastwyke Farm premises would be completed during 1968 with a hope also that additional hanging space might be afforded with refrigeration as required to ensure a good capacity for the summer period each year.

The Divisional Veterinary Officer and his colleagues have again co-operated with us and readily give advice as and when requested. A happy relationship exists between the Departments, both having an interest in the furtherance of good meat inspection standards. The staff of the Public Health Laboratory, directed by Dr. Jebb, also contributed in no small measure by their readiness to examine specimens and to give assistance at all times. Thanks are expressed for their collaboration in this respect. Deep freeze facilities continue to be available at the Wolvercote Deep Freeze, Messrs. Oliver and Gurden Limited and the Co-op. Society and they proved of great value for the deposit of C. bovis carcases throughout the treatment period.

Slaughtering Statistics

37,190 animals (39,996) were slaughtered during the year, a decrease of 2,806, although it was interesting to note that the average kill over the

past ten years shows a slight increase from 36,067 in 1957 to 36,169. Throughput was as follows—

	Eastwyke	*Co-op.*
Steers	1,330	903
Cows	339	299
Heifers..	1,329	1,275
Calves	283	186
Sheep	11,525	7,060
Pigs	6,550	6,111
	21,356	15,834
Total		37,190

Cysticercus Bovis

18 (5) suspected cases of this cystic stage of the tape worm taenia saginata were found and submitted for deep freeze treatment where appropriate. 10 cases proved viable, 7 were found in degenerated condition, and 1 proved on further examination to be an abscess. 12 of the 18 cases found were in cheek muscles and 6 in the muscles of the heart. As usual the Divisional Veterinary Officers concerned with the origins of the animals found positive were advised of the circumstances so that tracing of the source of the infestation might be carried out.

Cysticercus Bovis—Annual Record of Incidence

	No. of Cattle Inspected (excluding Calves)	*Suspected cases* (*i.e Number refrigerated*)	*Viable Cysticercus bovis*	*Degenerated Cysts*	*Others*
1957	4,267	40	20	Most of the remaining 20 were returned as Cysts in various stages of degeneration	
1958	4,263	29	16	11	
1959	3,977	15	10	5	
1960	4,786	19	15	2	2 granulomata
1961	5,584	15	8	4	3 granulomata
1962	5,887	11	3	2	4 granulomata 2 sarcosporidia
1963	**6,171**	13	8	4	(3 having cysts of a parasitic nature suggestive of Cysticercus bovis, 1 doubtful)
1964	6,773	19	13	4	(2 suggestive of Cysticercus bovis)
1965	5,616	8	6	2	(1 suggestive of Cysticercus bovis)
1966	5,232	5	3	2	(1 old parasitic granulomata)
1967	5,475	18	10	7	1 caronic abscess (3 old parasitic granulomata)

Liver Fluke (Fascioliasis)

There was again considerable increase in the number of livers found affected with flukes. Indeed, the figures for both bovine and sheep livers are the highest for at least the past ten years and this suggests a very wet season in the areas on which the cattle and sheep have been grazed. It is believed that a similar increase has been noted in other areas in the country. The infestation is associated with the activity of the limnea truncatula fresh water snail which increases in wet seasons.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1958	5,542	668	12.02	11,491	59	0.51
1959	4,993	1,176	23.55	19,066	641	3.36
1960	5,971	1,068	17.88	18,225	182	0.99
1961	5,584	936	16.41	21,498	336	1.56
1962	5,887	837	14.22	19,051	248	1.30
1963	6,171	795	12.88	17,664	230	1.30
1964	6,773	1,032	15.23	22,996	340	1.47
1965	5,616	766	13.64	19,525	333	1.70
1966	5,232	829	15.84	20,518	886	4.32
1967	5,475	1,659	30.30	18,585	959	5.11

Tuberculosis

2 bovine animals were found slightly affected with tuberculosis during the year, the retropharyngeal glands being the site in each carcase affected. In one case the Public Health Laboratory Service confirmed a human type of organism, whereas the Veterinary Research Laboratory considered it to be a bovine infection. Nevertheless the infection was positive so far as this Department was concerned. In the other case acid fast organisms were discovered but further tests proved inconclusive and it can be considered presumptive tuberculosis so far as our records are concerned. It is now very rare to come across positive tuberculosis and each case provides a source of considerable interest as it must be followed up to its source wherever possible. The percentage of pigs having nodes with deposits found and referred to the Laboratory for further examination reached 32 in all but in no case was tuberculosis established and these cannot, therefore, be considered as tuberculosis for purposes of record. It is fairly evident from the table below that tuberculosis is continuing its downward trend and it is hoped that this will continue to be the case.

Percentage of Animals affected with Tuberculosis (Presumptive)

	Cattle	Cows	Calves	Pigs
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4
1959	0.7	—	—	0.9
	(Adult Cattle)			
1960	0.07	0.01	—	1.34
1961	0.08	0.03	—	1.04
1962	0.05	—	—	0.55
1963	0.06	—	—	0.45
1964	—	—	—	0.28
1965	0.02	—	—	0.14
1966	—	—	—	0.03
1967	0.0004	—	—	—

Tuberculosis in Food Animals, 1967 (Presumptive)

Portions dealt with	Bovines	Pigs	Totals
Whole carcases	—	—	—
Part Carcases	—	—	—
Whole Offal	—	—	—
Part Offal	2	—	2
Totals	2	—	2

Inspections and Condemnations, 1967

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,837	638	469	18,585	12,661
Number inspected	4,837	638	469	18,585	12,661
All diseases except tuberculosis and cysticerci:					
Whole carcases condemned ..	2	4	13	3	16
Carcases of which some part or organ was condemned	1,946	212	6	2,205	2,202
Percentage of numbers inspected affected with diseases other than tuberculosis and cysticerci ..	40.27	33.86	4.05	10.91	17.52
Tuberculosis only: (Presumptive)					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned	2	—	—	—	—
Percentage of numbers inspected affected with tuberculosis ..	0.0004	—	—	—	—
Cysticerci:					
Carcases of which some part or organ was condemned	17	1	—	—	—
Carcases submitted to treatment by refrigeration	17	1	—	—	—
Generalised and totally condemned	—	—	—	—	—

Diseases other than Tuberculosis in Food Animals, 1967

	Carcase		*Offal*	
	Total	Partial	Total	Partial
Adult Cattle				
Johne's disease	—	—	—	—
Actinobacillosis (Mycosis)	—	—	—	15
Septicaemic conditions	1	—	1	4
Pneumonia and/or pleurisy	—	—	—	25
Peritonitis	—	—	—	7
Mastitis	3	—	3	—
Hepatic abscess	—	—	—	256
Fascioliasis (fluke)	—	—	—	1,659
Parasitic pneumonia	—	—	—	1
Echinococcosis	—	—	—	15
Cysticercosis (C. bovis) rejected	—	—	—	18
,, ,, refrigerated	18	—	—	18
Tumours	—	—	—	11
Bruising	—	1	—	69
Emaciation	—	—	—	—
Other conditions	2	1	2	94
Totals	24	2	6	2,192
Calves				
All septicaemic conditions	—	—	—	—
Joint-ill or navel-ill	2	—	2	—
Immaturity	9	—	9	—
Bruising	—	—	—	—
Other conditions	2	1	2	5
Totals	13	1	13	5
Pigs				
Swine erysipelas	—	—	—	—
All septicaemic conditions	7	—	7	—
Pneumonia and/or pleurisy	—	—	—	556
Pyaemia	3	1	3	—
Echinococcosis	—	—	—	1
Ascariasis (milk spot)	—	—	—	1,477
Bruising	—	2	—	35
Abscess	—	3	2	29
Arthritis	3	5	3	3
Other conditions	3	1	2	57
Totals	16	12	17	2,158
Sheep				
All septicaemic conditions	2	—	2	—
Fascioliasis (fluke)	—	—	—	959
Pneumonia and/or pleurisy	—	—	—	43
Parasitic pneumonia	—	—	—	16
Cysticercus Ovis	—	—	—	7
Echinococcosis	—	—	—	7
Bruising	—	3	—	8
Emaciation	—	—	—	—
Pyaemia	1	—	1	—
Arthritis	—	—	—	3
Other conditions	—	2	—	977
Totals	3	5	3	2,020

Unsound Meat

As mentioned last year, records of diseases found at the Slaughterhouses are sent quarterly to the Ministry of Agriculture, Fisheries and Food in accordance with an agreement to take part in a national statistical survey. The diseases recorded are in the categories set out in the table accompanying this report.

Insofar as disposal of inedible or unsound meat or meat products are concerned, these are not sterilised at the Slaughterhouses because there are no facilities for this purpose. Vehicles properly marked and covered, therefore, are used to convey the meat through appropriate firms and channels to either official by-product plants or agreed destinations, such being usually dog kennels, a mink farm, or University research premises. Certain organs are, of course, used for pharmacological purposes and the University Departments concerned collect from time to time nodes, eyes, and other portions of inedible offal for special purposes. There were no official seizures of meat at the Slaughterhouses. The Administrator and the Hospital Engineer at the Churchill Hospital are very helpful in permitting the use of the incinerator at the Hospital for the purposes of food destruction and this assistance is greatly appreciated.

(iv) Sampling of Food and Drugs

159 (193) samples of food and drugs, etc., were submitted to the Public Analyst for analysis during the year and 6 (7) only were returned as non-genuine.

1. Cornish Pasties—filling 13.6% with meat 5.4%. The manufacturers agreed, on notification, to increase the meat content to a satisfactory standard.
2. Fruit Lollie—this was found a genuine fruit lollie but declaration of contents was considered incorrect as it made no reference to fruit juice. The firm agreed, on request, to alter the declaration on the label.
3. Super Sucker Orange Drink—found to contain moulds with sugar content of 4% and citric acid 0.1%. The firm concerned agreed to alter production methods to ensure better quality.
4. Pork Sausages—an informal sample proved to contain only 55% meat and 230 parts per million of sulphur dioxide.
5. Pork Sausages—follow-up formal sample contained 53% of meat and 100 parts per million of sulphur dioxide. Prosecution was authorised but had eventually to be dropped because of a technical fault and time lapse. A warning was issued and the firm altered its preparation methods so as to ensure a higher meat content.

6. White Chocolate Drops—this sample was returned as containing 26.99% fat and 57.5% sugar. The fat contained not more than 25% cocoa butter and the description "Chocolate Drops" was inappropriate as they did not contain the characteristic ingredients of chocolate apart from a small amount of cocoa butter. The description was later altered to "White Drops" and a subsequent sample was declared as satisfactory in view of deletion of the word "Chocolate" from the description.

Pesticide Residues in Foodstuffs

This topical subject was followed up to a considerable extent during the year by the taking of no less than 57 samples of various foods which included 8 samples, as agreed, for inclusion in the national scheme of sampling involving food and drug Authorities throughout the country. Of the samples taken, 15 proved positive and 9 of them were in excess of the national agreed maxima. 7 samples (involving 1 of ale, 2 of apples, 1 of celery, 2 of pork sausages and 1 of bacon) showed evidence of D.D.T., 6 samples (involving 2 of cider, 1 of milk based baby food, 1 of beef dripping, 1 of Channel Island milk and 1 of bacon) showed evidence of lindane, while dieldrin was found in 2 cases (1 of parsnips and 1 of pork sausage). Only 1 of the samples showed a significant amount and that was one of apples where D.D.T. amounted to 0.1 parts per million as against the suggested maximum of 0.02 parts per million.

It is interesting to note that 3 samples (1 of beef dripping and 2 of bacon) were taken from open displays in food shops near to aerosol appliances used for general pest and fly control operations. The beef dripping sample showed 0.03 parts per million lindane and the bacon showed 0.11 parts per million of D.D.E., 0.04 parts per million of T.D.E. (both derivatives of D.D.T. itself) and 0.31 parts of D.D.T. were also demonstrated. In another sample of bacon 0.05 parts of lindane per million were found. These amounts were calculated on 20 hours' exposure.

It is, of course, rather early days for expressing concern about the above results as the national scheme is still in progress and much worse results have been noted in other samples procured elsewhere, but it is clear that there is room for more research and information regarding the presence of pesticide residues in food generally and this matter will no doubt continue to receive particular attention by all concerned with the safeguarding of food supplies.

136 (145) complaints were received during the year regarding unsatisfactory food conditions and, of these, 14 (60) were reported to Health Committee for further consideration. As a consequence 9 (22) prosecutions were authorised and 5 (17) warnings issued. 9 prosecutions resulted in total fines of £230 (£628) and costs of 57 guineas (£172 15*s.* 0*d.*). The 9 cases involved:—

(1) Rancid and Mouldy Cake—£100 fine plus 10 guineas costs.

(2) Mouldy Cheese—£30 fine plus $3\frac{1}{2}$ guineas costs.

(3) Wire in loaf of bread—£50 fine plus 10 guineas costs.

(4) Maggoty Bacon—£35 fine plus 10 guineas costs.

(5) Mouldy Pork—£50 fine plus $3\frac{1}{2}$ guineas costs.

(6) Mouldy Pork Pie—£20 fine.

(7) Mouldy Sausage Rolls—£20 fine plus 10 guineas costs.

(8) Stale and Mouldy Swiss Rolls—£25 fine plus 10 guineas costs.

The ninth case involved the presence of a large plastic scraper in a currant loaf. Prosecution was authorised but it was found impossible to complete the prosecution within the stated time and it was therefore withdrawn.

The 5 warnings involved:—

A Metal Disc in Chicken.
A Beetle in Yogurt Container.
Ham in Sour condition.
Mouldy Yogurt.
Glass Particles among Raspberries.

6 of the 14 unsatisfactory cases reported to Health Committee involved the presence of foreign matter, 2 involving a beetle and maggots respectively. One case involved particles of glass and no less than 8 of the 14 involved mouldy conditions, while 2 involved particles of metal. The case involving the plastic scraper showed evident carelessness by Bakery staff, although sabotage could not be ruled out. There is still much room for improvement in stock rotation and it is felt generally that much more care should be taken both in the reception, display and sale of perishable commodities by all those concerned with the food trades. Again it is evident that the local Consumer Council are interested in the hygienic display and handling of food and the general applicability of the law to unsatisfactory cases. Members continue to show interest in our preventive health work and there is no doubt that their interest stimulates both the public and food traders to greater awareness of the problems involved. As usual, weekends are a period for refrigeration breakdown with Monday morning calls for inspection of unmarketable foodstuffs a fairly regular feature of our weekly routine.

Liquid Egg (Pasteurisation) Regulations, 1963

No samples were taken for examination by the Alpha Amylase test and there are no treatment plants in the district.

Samples taken for analysis during the year 1967.

Article	No. of samples obtained			Results of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Alcoholic beverage	5	—	5	5	—
Baking requisites ..	2	—	2	2	—
Bread	2	—	2	2	—
Cakes and Puddings ..	7	—	7	7	—
Cheese	2	—	2	2	—
Confectionery	9	—	9	8	1
Drugs and Vitamins ..	14	—	14	14	—
Eggs and Egg Products	2	—	2	2	—
Fats	5	—	5	5	—
Fish	2	—	2	2	—
Flour	2	—	2	2	—
Fruit, fresh and tinned	15	—	15	15	—
Fruit, dried	4	—	4	4	—
Ice cream	7	—	7	7	—
Ice Lollie	1	—	1	—	1
Meat and Meat products	13	—	13	12	1
Milk	2	—	2	2	—
Preserves	15	—	15	15	—
Sauces and Spices ..	2	—	2	2	—
Sausages—beef ..	5	—	5	5	—
Sausages—pork ..	12	1	13	11	2
Soft drinks	9	—	9	8	1
Spirits	1	3	4	4	—
Spreads and pastes ..	1	—	1	1	—
Vegetable	15	—	15	15	—
Water	1	—	1	1	—
	155	4	159	153	6

Bacteriological Investigations—Public Health Laboratory Service

The Department is again grateful to Dr. Jebb and his staff at the Public Health Laboratory at the Radcliffe Infirmary for the excellent assistance provided during the year in the examination of samples submitted for examination.

The following samples were submitted:—

Ice Cream	100
Fresh Cream	7
Ice Lollies	17
Canned Food	1
Meats	4
Meat Inspection samples (Lymph Nodes, Organs, etc.) ..	18
Faeces	5
Swimming Baths Sample	36
Drinking Water Samples	6
Catering Establishments—Kitchen Utensils	48
Orange Drink	5
Bread	1
Pigeons	1

Bone Meal	1
Gravy Stock	1
	251

19 ice cream samples proved unsatisfactory, 16 in Grade 3 and 3 in Grade 4 of the Methylene Blue Test. Once again ice lollie samples proved satisfactory. There were an increasing number of meat inspection samples submitted by the Meat Inspectors, who are showing keen interest in this part of their work. Swimming bath samples were on the whole satisfactory and drinking water samples also gave no cause for concern. The general supervision of swimming pools throughout the City, involving both public facilities and Educational Department instruction pools, seems satisfactory and general chlorination seems adequate. The pools at the Nuffield Orthopaedic Centre also received regular attention.

Merchandise Marks Act

468 (576) visits were made to various premises and market stalls throughout the City in connection with the marking of food on display under the provisions of the various Orders. As usual, apart from the occasional lapses in respect of tomatoes and apples, there was little cause for concern.

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.	
Cheese	18½	
Confectionery	224½	
Cordials	10¼	
Crumpets	20	
Fats	237	
Fish	154	
Flour	9	
Fruit	2,204	
Meat	2,822¼	
Sausages (beef)	19	
Sugar	25	
Tea	35	
Vegetables	271½	
		6,050
Canned:—		
Meat	1,557	
Fruit	2,454¼	
Vegetables	1,696½	
Fish	173¾	
Milk	171¾	
Jam	175¼	
Soup	303¼	
Miscellaneous	737¾	
		7,269½
Frozen goods	4,109	
		4,109
		17,428½

It will be noted that there was a reduction in fresh commodities surrendered for destruction and a slight increase in canned foods found unsatisfactory, while with frozen goods almost twice the amount was sent for destruction during the year. It is clear that refrigerator breakdown is the main cause of considerable loss of marketable food and, as previously mentioned, this occurrence usually happens over weekends when no staff are available to deal with the problem of the refrigeration breakdown. It seems a pity that something cannot be done to foresee this sort of difficulty and deal with it from the point of view of saving valuable food and preventing undue financial loss, although it seems that the almost limitless resources of Assurance Companies are bearing the brunt of the financial loss involved.

Fertilisers and Feeding Stuffs

6 (12) samples were taken under the Fertilisers and Feeding Stuffs Act, 4 consisting of fertilisers and 2 of feeding stuffs. One fertiliser sample was returned as unsatisfactory, being sold as a concentrate. According to the official Analyst this material was in no way a concentrate as it was a liquid containing 95% of water ! The nitrogen content totalled 0.68%, phosphoric acid 1.05% and potash 0.84%. The Analyst was of opinion that this was not a fertiliser within the meaning of the Act and guaranteed figures of analysis were therefore not required. He considered the word "concentrate" to be something of an over-statement to say the least. It seems very doubtful in this context whether the customer gets value for money when purchasing this type of allegedly concentrated fertiliser.

(v) Markets

The number of stalls at Covered and Open Markets continued very much as before, there being 36 food stalls in the Covered Market and a reduction of one to 20 in the Open Market which meets on Wednesdays at the Oxpens near the Cattle Market. The off-loading arrangements at the Covered Market should soon be completed when the roadway behind the Cornmarket from Market Street is opened. This will permit considerable off-loading away from the main streets in the vicinity and should assist in both traffic and Market loading problems. Attention was given to the facilities available at the Open Market under the new Hygiene Regulations and better arrangements are now operative, although still further improvements are desirable.

Covered Market—

Butchers	10
Fishmongers and Poulterers	5
Fruiterers and Greengrocers	9
Grocers	3
Restaurants	3
Cake and Confectionery	5
Cooked Meats	1
	36

Open Market—

Fruiterers and Greengrocers	12
Confectioners	2
Biscuit and Cake Stalls	2
Grocers	2
Ice Cream Dealers	1
Fishmongers	1
	20